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CITY OF BIRMINGHAM  
EDUCATION COMMITTEE

# SCHOOL HEALTH SERVICE REPORT

OF THE

SCHOOL MEDICAL OFFICER  
HAROLD M. COHEN, M.D., D.P.H.

FOR THE YEAR ENDED 31st DECEMBER, 1950

# INDEX

	<i>Page</i>		<i>Page</i>
After care	63	Maladjusted pupils	59
Audiometric testing	21	Martineau House	63
Aural clinic	20	Mass radiography	37
Baskerville school	57 and 62	Maternity and child welfare patients	25
Bathing centres	20	Medical inspection	12
Blind pupils	58	Milk	19
Camp schools	47	Minor ailments and diseases of the skin	20
Carlson House	63	Miscellaneous work	54
Cerebral palsy	63	Mortality rate	44
Child Guidance clinic	30	Nursery schools and classes	48
Cleanliness	50	Nutrition	13
Clinics	11	Occupation centres	31
Clinic attendances	20	Ophthalmic treatment	22
Convalescent treatment	47	Orthodontia	25
Co-operation and acknowledgements	55	Orthopaedic treatment	28
Co-ordination	12	Partially-sighted pupils	62
Davos Alpine school	62	Physical education	45
Deaf pupils	62	Physically handicapped pupils	61
Delicate pupils	60	Remand Homes	47
Dental treatment	24	Ringworm	20
Diphtheria immunization	41	Seabies	20
Disabled persons	66	School meals	18
Ear, nose and throat defects	20	School nursing	48
Educationally sub-normal pupils	61	Skin diseases	20
Employment of children	54	Special investigations :	
Epilepsy	59	Anthropometric survey	15 and 25
Eye defects	22	Rubella	62
General condition	13	Tuberculosis	38
General information	6	Spectacles	22
Handicapped pupils	56	Speech therapy	31
Health education	53	Statistical tables	67
Heart disease and rheumatism	62	Staff :	
Home and hospital tuition	63	Dental	24
Home visiting	48	Medical	12
Hospital reports	12	Summary of work	6
Hygiene of school buildings	19	Tonsils and adenoids	21
Infectious diseases	41	Tuberculosis	32
Inspection and treatment clinics	20	Ultra violet ray treatment	29
Institute of Child Health	52	Vision	22 and 49
		Welfare of spastics	63

**SPECIAL SERVICES SUB-COMMITTEE :**

ALDERMAN SIR W. MARTINEAU, M.C., T.D., M.A.  
*(Chairman of the Education Committee)*

COUNCILLOR MRS. E. V. SMITH, J.P.  
*(Chairman)*

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 MR. COUNCILLOR S. E. DAWES  
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*Chief Education Officer :* E. L. RUSSELL, M.A.

**STAFF****SCHOOL MEDICAL OFFICER :**

HAROLD M. COHEN, M.D., D.P.H.

**DEPUTY SCHOOL MEDICAL OFFICER :**

*(Vacant)*

**ASSISTANT SCHOOL MEDICAL OFFICER (Special Schools) :**

PHILIP R. KEMP, M.B., Ch.B.

**ASSISTANT SCHOOL MEDICAL OFFICER (General Purposes)**

*(Vacant)*

**ASSISTANT SCHOOL MEDICAL OFFICERS**

GERALD FRASER-SMITH, M.R.C.S.,  
 L.R.C.P.  
 HUGH S. K. SAINSBURY, M.R.C.S.,  
 L.R.C.P.  
 DOROTHY M. BEAUMONT, M.B., Ch.B.,  
 M.R.C.S., L.R.C.P.  
 MAY W. BLAKISTON, M.A., M.B., Ch.B.  
 KATE GRAY, M.A., M.B., B.S.  
 ELSE A. D'AMIAN, M.D., L.R.C.P.,  
 L.R.C.S.

JOSEPH J. LANDON, M.A., M.B.,  
 B.Chir., M.R.C.S., L.R.C.P.  
 JOYCE M. ALLEN, M.B., Ch.B., D.P.H.  
*(Resigned 30.4.50).*  
 JOYCE B. MOLE, M.B., Ch.B., D.C.H.  
 MARGARET J. CASH, M.R.C.S., L.R.C.P.  
 JOAN GRAY, M.B., Ch.B.  
*(Resigned 31.12.50).*  
 JUNE B. BROWN, M.B., Ch.B.  
*(Appointed 10.1.50).*

JAMES W. McCONACHIE, M.R.C.S., L.R.C.P., D.P.H.  
*(Appointed 1.12.50)*

**CHIEF DENTAL OFFICER :**

E. DAVIES-THOMAS, T.D., M.R.C.S., L.R.C.P., L.D.S.R.C.S.

**SCHOOL DENTAL SURGEONS :**

CLIFFORD J. BAKER, L.D.S.  
 HARRY A. COHEN, L.D.S.  
 HUGH LINN, L.D.S.R.C.S.  
 CYRIL R. FODEN, L.D.S.  
 MARJORIE COOK, L.D.S.  
 WILLIAM A. BARTON, L.D.S.R.C.S.  
 \*ALFRED WIJYEKOON, L.D.S.  
 GEORGE R. FAIRCLOUGH, L.D.S.

JOHN C. CUZNER, L.D.S.  
*(Resigned 31.5.50).*  
 \*MARGARET A. SAINSBURY, L.D.S.  
 \*HELLA M. LEVY, L.D.S.R.C.S.  
*(Appointed 17.7.50).*  
 D. HALLEY GOOSE, B.Sc., B.D.S.,  
 L.D.S.R.C.S. *(Appointed 21.11.50).*

*(2  $\frac{3}{11}$  vacancies)*

\* Part-time officers,

**CHILD GUIDANCE CLINIC :****Medical Director :**

\*CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

<i>Psychiatrist</i> .....	*MYRE SIM, M.D., D.P.M. (Resigned 30.4.50)
<i>Psychologist</i> .....	ENID M. JOHN, M.Sc.
<i>Psychiatric Social Workers</i>	DOREEN HOSKING *ALICE HAAS, Ph.D. *MARY C. JENKIN, B.A. MILDRED J. HOLLOWAY (Appointed 16.10.50)

\* Part-time officers.

**PART-TIME SPECIALIST OFFICERS :****Ophthalmic Section :**

HERBERT W. ARCHER-HALL, M.R.C.S., L.R.C.P., D.O.  
MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S. (*Also Visiting Ophthalmic Surgeon to the Schools for the Partially Sighted*)  
KATHLEEN DAVIES-THOMAS, M.B., Ch.B., D.P.H., D.O.  
JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.  
SAMUEL ACHESON, M.B., B.Ch., B.A.O.  
MICHAEL J. ROPER-HALL, M.B., Ch.B., F.R.C.S., L.R.C.P., D.O.M.S.  
(Appointed 24.4.50).

**Orthopaedic Section :**

FRANCIS G. ALLAN, M.B., B.S., F.R.C.S., L.R.C.P.

**Ear, Nose and Throat Section :**

F. BRAYSHAW GILHESPY, M.R.C.S., L.R.C.P., D.L.O.

**Surgeons at the Tonsil and Adenoid Clinic :**

ROBERT EVANS, M.D., F.R.C.S., D.L.O.  
SARAL C. GHOSH, B.Sc., M.B., B.S.

**Visiting Physician to Baskerville School :**

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

**Anaesthetists :**

WILLIAM R. A. LINE, M.R.C.S., L.R.C.P.  
DOROTHY T. SHEWRING, M.B., Ch.B.  
MARY H. TUDOR, M.B., Ch.B., B.A.O.  
ERIC F. ADAMS, M.R.C.S., L.R.C.P., D.A. (Resigned 15.4.50)  
OLGA MULLER, M.D.  
MAY I. T. GRANT, M.B., Ch.B., D.P.H.  
DONALD A. L. CRAWSHAW, M.R.C.S., L.R.C.P. (Appointed 27.2.50)

**PHYSIOTHERAPISTS :**

MAUREEN WALLS, S.R.N., M.C.S.P.  
NORA E. GOOK, M.C.S.P.  
MARY C. DOWNING, M.C.S.P.  
FLORA A. McLAUGHLAN, M.C.S.P.  
MARIE DA ROZA, M.C.S.P. (Appointed 17.4.50)  
FLORENCE N. STODDARD, S.R.N., M.C.S.P.  
NORAH M. LUCAS, M.C.S.P.

**REMEDIAL GYMNASTS :**

MARION J. DAVIS  
BERNARD W. THOMAS

**CHIEF SPEECH THERAPIST :**  
(Vacant)

**SPEECH THERAPISTS :**

MARY C. GIBBINS, L.C.S.T. (Part-time. *Resigned* 31.3.50)  
EILEEN S. SPRAYSON, L.C.S.T.  
BARBARA J. JARVIS, L.C.S.T.  
SUSAN J. W. TANNER, L.C.S.T.  
(1 Vacancy)

**SCHOOL NURSING STAFF :**

**Superintendent School Nurse :**  
DOROTHY A. ASHBY, S.R.N., H.V.Cert.

**Deputy Superintendent School Nurse :**  
FLORENCE M. POSKITT, S.R.N., H.V.Cert. (*Appointed* 1.1.50)

School Nurses	.....	.....	.....	.....	44
Nurses in Nursery Schools	.....	.....	.....	.....	6
Nursing Assistants	.....	.....	.....	.....	19

**OTHER STAFF :**

Matron at Martineau House	.....	.....	.....	.....	1
Nurses in Special Schools	.....	.....	.....	.....	9
State Enrolled Assistant Nurses in Special Schools	.....	.....	.....	.....	4
Dental Attendants	.....	.....	.....	.....	13

SCHOOL HEALTH SERVICE,  
EDUCATION DEPARTMENT,  
74-75, BROAD STREET,  
BIRMINGHAM, 15.  
(Telephone : MIDland 5751).

December, 1950.



## SUMMARY OF WORK—1950 :

	<i>Children</i>	<i>Attend- ances</i>
SCHOOL MEDICAL OFFICERS AT SCHOOLS :		
Visits to Schools—2,076		
Routine Inspections—		
Primary and Secondary Modern Schools	34,016	
Secondary Grammar Schools	3,714	
Special Schools	1,058	
Nursery Schools and Classes	2,828	
Selected Cases—		
Special Inspections	2,218	
Re-inspections	6,446	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS :		
Special Inspections	26,560	
Re-inspections	35,070	
OPHTHALMIC CLINICS :		
Number of Spectacles prescribed by the Ophthalmic Surgeons	3,601	
Number of Spectacles prescribed by the Medical Officers	1,257	
AURAL CLINIC :		
Number examined by the Aural Surgeon	910	
Number of diastolizations	186	
Number of mastoid dressings	583	
Number of other aural treatments	2,250	
TONSIL AND ADENOID CLINIC :		
Number of operations	1,743	
ORTHOPAEDIC CLINICS :		
Number examined by the Orthopaedic Surgeon	125	129
Number treated by the Physiotherapists	2,426	50,831
CHILD GUIDANCE CLINIC	505	
SPEECH THERAPY CLINICS	134	
ULTRA VIOLET RAY TREATMENT	2,480	
DENTAL CLINICS	29,641	43,945
SCHOOL NURSES AND/OR NURSING ASSISTANTS		
Examinations of Children for Uncleanliness	374,885	
Vision Tests	31,201	
Home Visits	576	
MINOR AILMENT CLINICS		77,547

## CITY OF BIRMINGHAM

## GENERAL INFORMATION

Population	1,107,200
Area	51,147 acres
Density of population	21.6 persons per acre
Rateable value	£7,383,934
Education rate	69.69d.
Penny rate produces	£28,760
Primary and Secondary Schools (including Nursery Schools)	
Number of Schools	414
Average number on rolls	163,129
Special Schools	
Number of Schools	24
Average number on rolls	3,002

# ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER

HAROLD M. COHEN, M.D., D.P.H.,

For the Year ended 31st December, 1950

**To the Chairman and Members of the Education Committee**

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1950.

The report gives an account of the many activities which comprise the Service. It is of interest to note, however, that one of these, namely periodic medical examination of the children in the schools, has recently been the subject of much discussion and correspondence. As we look back over the years, the literature shows that this critical survey has occurred on previous occasions and that the medical examinations have continued. From the latest discussion there has emerged the consensus of opinion of the value of these complete overhauls as health appraisals.

There are those who have only seen the ascertainment of defects in these examinations and not as has now come to be recognised the "audit" of the children's general condition. The discovery of defects, especially the early deviations from the normal, is of course an important function of the Service. Yet the school doctor is so placed that not only can he practice preventive medicine, but also translate the meaning of positive health by helping in the development of the children so that they can attain their potential.

As the examinations take place in the school there is the opportunity for full discussion with the teacher as well as with the parent. A comprehensive history is taken and any social details which may have a bearing on the child's health are discussed with the parent. The concept of social medicine is kept in mind as the interest is in the whole life of the child.

We can mention another aspect. Health Education is carried out in many ways in the schools, but the value of the occasion when the mother meets the doctor and nurse has been pointed out recently as being of great importance in this connection.

The importance of the health of school-age children was recognised by the World Health Organisation in convening an Expert Committee on School Health Services. A comprehensive report by this Committee has been recently published and it is of interest to note that strong support

is given to the value of the periodic medical examination. There are critics who also point out that however valuable these "health appraisals" might be, the child is seen only three times during its school life. This is not the case, however. When the doctor visits the school to carry out the full examinations, the children who have been previously noted as requiring treatment for any particular defect or requiring observation are seen again. The parents or teachers or welfare officers can request the examination of other children for any particular reason. Furthermore, the scrutiny of the attendance register can indicate the need for the examination of other children. The value of this well-established procedure has recently been reinforced by the findings of the Special Investigation "A Study of Absence from School" carried out in selected areas. A survey of the children in the classrooms brings the visit of the medical officer to a close. Incidentally, one distinguished school medical officer suggested a further visit to the playground as valuable information can be obtained by observing the children at play.

Between the doctor's visits the school nurse visits the schools regularly for hygiene and survey inspections, to carry out visual acuity tests in certain age groups and to follow-up defects which have been noted at the clinics. It is hoped that it will soon be possible to recommence the testing of hearing by means of the gramophone audiometer. The school nurse is the connecting link between the doctor, the teachers and the parents. So to complete the picture it is as well to mention the valuable help given by the nurse in visiting the homes not only for the follow-up of defects, but also in a general advisory capacity.

In between the doctor's visits to the schools he is able to see children at the school clinics. It must be noted that not only are minor ailments treated at these clinics, but also children are brought by their parents in increasing numbers for general consultation.

The effect of the National Health Service Act was discussed in last year's report. Negotiations were continued during this year with the Regional Hospital Board regarding the financial responsibility for the psychiatrist at the Child Guidance Clinic and have since been successfully concluded.

The Regional Hospital Board also agreed to assume full responsibility for and control of the Handsworth Tonsil and Adenoid Clinic, but the exact arrangements have yet to be worked out. It was felt by the Committee that the treatment given at this clinic differed from the other specialist services in that it was operative and that there must be no risk of divided control. On the other hand, in accordance with the power Local Education Authorities still have to provide specialist officers, the Committee decided to continue to be financially responsible for the other part-time specialist officers. Full regard was given to the experience of



these consultants in dealing with Birmingham school children and their particular relationship with the School Health Service. This step would ensure the continuity of the help and service which they render.

The account of the work carried out in the various branches show to what extent the Committee care for the children in their schools.

Unfortunately the School Dental Service is hampered by the continued shortage of staff, and the effect is described by the Chief Dental Officer in his survey. It is heartening, however, to note that the Orthodontic Clinic will soon be opened and that the services of a Consultant Orthodontist have been obtained.

Several new developments and appointments in the Service can be noted.

The claims of the children in the growing areas of population are kept under review and plans have been accepted for a new clinic in the Kingstanding area. Consideration is also being given to the erection of a clinic in the Lea Village area.

In view of the growing volume of work the need for a Deputy School Medical Officer has been stressed and the Committee authorised this additional appointment. Dr. M. E. Lemin was selected for this post towards the end of the year.

Following the re-instatement of the war-damaged Birmingham Athletic Institute it was decided to resume physiotherapy for school children which had been given there until 1940. The Committee authorised the appointment of an additional physiotherapist and treatment at this centre will shortly commence.

Further consideration has been given to the expansion of the Child Guidance Service and a branch clinic is to be established to serve the northern area. Premises have also been acquired for a hostel for maladjusted children and adaptations are now proceeding.

Whilst there have been no spectacular developments in the care of the handicapped children it is a pleasure to record expansion and consolidation in several ways. A report on Home Teaching showed the effective manner in which it is possible to arrange for instruction to severely handicapped children within the educational system. The unique plan for sending parties of delicate boys to the school at Davos in the Alps has been continued with successful results.

Discussions regarding residential accommodation for various categories of handicapped children have been continued during the year by the Regional Standing Conference in which Birmingham has taken its full share. It may be justifiably recalled that when the Ministry of Education suggested regional conferences could usefully be set up in the country generally, Birmingham had already taken the initiative,

The effective continued interest and welfare in the children after leaving the special schools is shown in the reports on the after-care of educationally sub-normal pupils and of handicapped young people.

The school for educationally sub-normal pupils at Hallmoor Road is being erected and it has been possible to carry out modifications in the building of some of the special schools.

Whilst the deaths from tuberculosis shows a welcome decrease the disease is still unfortunately persistent in adult life. Accordingly the Committee agreed to co-operate with the Medical Research Council in offering immunization with anti-tuberculosis vaccines to school-leavers from Secondary Modern Schools.

The unfortunate increase in the number of cases of poliomyelitis led to the restriction of the operations for tonsils and adenoids, and of immunization against diphtheria, from the end of July to the beginning of November. This policy was followed on the advice of the Ministry of Health.

Whilst deaths from other diseases show a decrease, it is distressing to note the number of deaths from violence. The Accident Prevention Council continue in their praiseworthy endeavours to reduce accidents both in the streets and in the homes.

The valuable collaboration with the Institute of Child Health has been continued through the year. Furthermore, the interchange of staffs between the Children's Hospital and School Health Service has shown material benefit.

Attention is drawn to the report of the effective work of the School Nursing Staff confirming in detail the general observations made in the earlier part of this letter.

It is a pleasure to acknowledge the support and interest of the Chairman and members of the Committee in the welfare of the children; to thank Mr. Russell, the Chief Education Officer, for his consideration and his assistance, the staff of the various departments for their help in the preparation of the report, Dr. Burn, the Medical Officer of Health, for certain vital statistics, and the members of the School Health Service for their continued loyalty and collaboration.

H. M. COHEN.

May, 1951.

## SCHOOL CLINICS

SCHOOL CLINIC	Number of Schools	WORK UNDERTAKEN							
		Minor Ailments and Inspection	Refraction	Dental	Orthopaedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Tonsil and Adenoid Clinic
Aldridge Road, Great Barr, Birmingham, 22	32	X	X	X	X	X			
Albert Road, Aston, Birmingham, 6	32	X	X	X		X			
Great Charles Street, Birmingham, 3	37	X	X	X			X		
Soho Hill, Handsworth Birmingham, 19	39	X	X	X		X		X	X
Harborne Lane, Selly Oak, B'ham 29	37	X	X	X		X			
Maas Road, Northfield, B'ham 31	24	X	X	X	X	X			
(a) Ridpool Road, South Yardley, Birmingham, 26	14	X							
Sheep Street, Gosta Green, Birmingham, 4.	36	X	X	X	X	X			
Sherbourne Road, Balsall Heath, Birmingham, 12	31	X	X	X		X			
Stratford Road, Sparkhill, B'ham 11	34	X	X	X	X	X			
Slade Road, Erdington, B'ham 23	34	X	X	X		X			
(b) Warren Farm Rd., Erdington, B'ham 23		X							
Warstock Lane, King's Heath, Birmingham, 14	28	X	X	X	X	X			
Yardley Green Road, Little Bromwich, Birmingham, 9	41	X	X	X		X			
Friends' Institute, Moseley Road, Birmingham, 12	—							X	
Dame Elizabeth H'se, Stechford, B'ham 9	—							X	
Congregational Hall, Brackenbury Road, Erdington, B'ham 23	—							X	

(a) Branch of Yardley Green Road Clinic.      (b) Branch of Slade Road Clinic

CHILD GUIDANCE CLINIC,  
45, LEE CRESCENT,  
BIRMINGHAM, 15.

FLOODGATE STREET BATHING CENTRE,  
BIRMINGHAM, 5.

## STAFF

Dr. J. B. Brown was appointed full-time locum tenens in January in the place of Dr. M. M. Timpany who had resigned at the end of the previous year. Dr. J. M. Allen resigned at the end of April and Dr. J. W. McConachie, who was appointed in her place, was unable to commence duty until the beginning of December. Dr. J. Gray resigned at the end of December.

Dr. Myre Sim, Psychiatrist at the Child Guidance Clinic, resigned on the 30th April.

Mr. J. C. Cuzner resigned his appointment as School Dental Surgeon at the end of May. Mrs. H. M. Levy was appointed part-time School Dental Surgeon in July. Mr. D. H. Goose was appointed full-time School Dental Surgeon in November. At the end of the year there were two and three elevenths vacancies for school dental surgeons.

Dr. E. F. Adams resigned from his part-time appointment as Dental Anaesthetist in April.

Miss M. da Roza, Physiotherapist, was appointed in April.

Mrs. M. C. Gibbins resigned her appointment as part-time Speech Therapist at the end of March and the vacancy was not filled at the end of the year.

Miss F. M. Poskitt took up her appointment as Deputy Superintendent School Nurse at the beginning of the year.

At the Child Guidance Clinic, Mrs. M. J. Holloway was appointed Psychiatric Social Worker in October.

There have been a number of changes amongst the nursing staff and dental attendants. A number of vacancies for school nurses had not been filled by the end of the year.

## CO-ORDINATION

There is close co-ordination between the Public Health Department and the School Health Service.

The Children's Department continues to share in the facilities afforded by the Child Guidance Clinic.

In accordance with the circular of the Hospital Boards, reports are received from the hospitals on the children who have been under their care.

## MEDICAL INSPECTION

In accordance with the School Health Service Regulations, 1945, the following arrangements are made for the medical inspection of pupils:

- (a) as soon as possible after the date of their admission to a maintained school for the first time;



- (b) during the last year of their attendance at a maintained Primary School;
- (c) during the last year of their attendance at a maintained Secondary School.

The main statistics on medical inspection will be found on pages 67 to 69, and the findings are given in accordance with the Ministry's requirements.

From the reports received from the medical officers it is gratifying to learn that many parents who are invited to attend the examination, avail themselves of the opportunity of being present.

The number of defects found to require treatment at these periodic examinations was 16,482 whilst in addition a further 9,335 were referred for medical supervision.

In addition, children outside these age groups are presented as "Specials" for examination by the medical officers and 25,749 defects were found to require treatment and 641 defects were referred for further supervision.

### GENERAL CONDITION

#### CLASSIFICATION OF CHILDREN UNDER THE HEADING "GENERAL CONDITION" ON THE SCHOOL MEDICAL RECORD CARD.

The doctors are asked to classify the children at the periodic routine medical examinations under the heading "General Condition" into the following groups, "good", "fair" and "poor".

The relevant figures for the year under review and certain comparable figures are given below.

AGE GROUPS	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1) Entrants .....	(2) 19,188	(3) 5,823	(4) 30·35	(5) 12,147	(6) 63·30	(7) 1,218	(8) 6·35
Second Age Group ...	10,419	2,890	27·74	6,861	65·85	668	6·41
Third Age Group .....	12,009	3,894	32·42	7,533	62·73	582	4·85
Total, 1950 .....	41,616	12,607	30·29	26,541	63·78	2,468	5·93
Total, 1949 .....	46,599	16,247	34·87	27,352	58·69	3,000	6·44
Total for England and Wales, 1948	1,793,455		35·8		59·6		4·6

It is necessary again to bear in mind various factors when considering these findings. They can only be regarded as indicative and not as a strictly accurate measure. Furthermore the grouping is necessarily

arbitrary with a resulting difficulty at times in demarcating the finer shading of the groups. Various criteria influencing the classification were mentioned in last year's report. It is reasonable to assume, however, though the examination by the medical officer is subjective, that the categories give a fair picture of the distribution of the general condition of the children.

By means of a careful clinical examination and the assessment of relevant factors the conclusions reached by the medical officers serve therefore as a useful local and national guide. In this connection attention is drawn to the table given above.



HEIGHTS

LONDON, 1949		BIRMINGHAM, 1941		ANTHROPOMETRIC SURVEY, 1947-49						
5	Cms. 110.5	No. of Boys	Mean ± S.E.	S.D.	BOYS	No. of Boys	Cms. ♦ 110.5 116.9 122.2 127.2 132.0	Mean ± S.E.	S.D.	Ratio = Difference S.E. of diff.
6	116.2									
7	122.0									
8	127.0									
9	132.9									
10	137.9	30	135.8 ± 1.4	7.64	133	137.0 ± 0.6	6.78	0.8		
11	142.0	81	140.4 ± 0.7	6.67	162	141.0 ± 0.5	6.43	0.8		
12	146.5	129	144.7 ± 0.7	7.46	172	146.4 ± 0.5	6.56	2.1		
13	152.2	83	148.2 ± 1.2	10.58	190	151.1 ± 0.6	8.48	2.2		
Total number of boys in survey		323				1,584				
5	Cms. 109.8	No. of Girls	Mean ± S.E.	S.D.	GIRLS	No. of Girls	Cms 109.8 115.8 120.7 125.6	Mean ± S.E.	S.D.	Ratio = Difference S.E. of diff.
6	115.5									
7	121.2									
8	126.7									
9	132.0									
10	137.7	15	138.7 ± 1.9	7.3	133	136. ± 40.6	6.5	1.2		
11	143.2	77	142.6 ± 0.9	7.75	141	142. ± 10.6	7.45	0.5		
12	148.8	127	147.1 ± 0.7	8.26	162	147. ± 20.7	8.30	0.1		
13	153.7	52	150.9 ± 1.1	7.63	164	152. ± 80.6	7.52	1.6		
Total number of girls in survey		271				1,484				

*S.E.* = Standard error. *S.D.* = Standard deviation.

The criterion of statistical significance adopted in these analyses is that any difference to be real—*i.e.*, unlikely to have occurred from the play of chance—must exceed twice its standard error.



It is considered, moreover, that in general the heights and weights of children bear a relation to their physical fitness. Through the courtesy of Professor S. Zuckerman, C.B., F.R.S., and Dr. E. M. B. Clements, who are conducting the local anthropometric survey, it is possible to give the measurements of a representative group of the City's children.

The average measurements of London school children, which the Chief Medical Officer of the Ministry of Education suggests should be used as a comparison, are also given.

Advantage has been taken of the findings of local children in certain age groups ascertained in 1941 to attempt a statistical comparison with the recent local measurements. It is a pleasure to acknowledge the help given by the workers connected with the anthropometric survey in evaluating these figures.

Compared with the London measurements the heights of the Birmingham boys are very much the same, but the Birmingham girls are slightly smaller.

The Birmingham boys and girls are rather lighter than the London children.

Turning to the local comparisons, it will be noted that both boys and girls in the recent findings show an improvement as far as height is concerned, the boys' difference being statistically significant at the ages of 12 and 13. Both boys and girls have also increased in weight, the boys showing a significant increase in the 13 year old group.

Whilst these measurements of groups of children are helpful as a general survey, for the individual child a single measurement at a particular age is not a very helpful guide. The charting of half-yearly measurements, however, is a useful indication of the child's progress and can be of assistance to the class teacher and school nurse in drawing attention for investigation where indicated. Regard can then be paid to such factors as the socio-economic conditions and physiological maturity. Consideration is being given to the possibilities of such a procedure locally.

### **ASSISTANT SCHOOL MEDICAL OFFICERS' REPORTS**

The medical officers in general report that the health of the school children they have examined has been well maintained. In some areas it is felt there has been an improvement in the general physical condition of the children, whilst one doctor found less variation in the general condition of the children although this did not approximate to the "Good Group". In another area the ill-health which occurred was partly ascribed by the doctor to the bad housing conditions.

There were also local groups of defects which were noticed,

One doctor reported a number of severe throat infections together with general symptoms that occurred early in the year. In the Autumn there was a number of children found in the same area with septic skin conditions which were resistant to treatment.

In another area there was an increase in the number of verrucae—the vexatious condition of warts on the sole of the feet. Towards the end of the year here also the doctor reports an increase in the number of children with impetigo.

The apparent deficiency in Vitamin B in a number of children was noted by another doctor. Whilst the classical signs of B -avitaminosis are generally absent in the country, it seems probable that cases of sub-clinical deficiency exist. The doctor noticed some suggestive signs and symptoms and the majority of the cases responded to a course of Vitamin B -complex.

The vigilance of a school nurse during her survey inspection which resulted in the ascertainment of a case of Perthé's disease and a case of Hodgkin's disease is mentioned by another doctor. Two cases of Schönlein's purpura occurring in two girls within a few weeks of each other are described by the same doctor.

### SCHOOLS MEALS SERVICE

The daily number of children supplied with dinners during the year ended 31st December, 1950 was :

	<i>Secondary.</i>	<i>Primary.</i>
January .. ..	17,148	31,730
February .. ..	18,337	29,493
March .. ..	17,237	29,730
April .....	16,862	30,368
May .....	16,631	30,507
June .. ..	15,703	29,864
July .....	14,791	29,694
September ..	17,284	30,245
October .. ..	17,718	31,617
November ..	17,922	31,903
December ..	16,927	31,944

### Number of Meals served during School Holidays

	<i>Average number of Meals during Term.</i>	<i>Holiday Meals.</i>	<i>Percentage.</i>
Easter April .. ..	47,230	4,525	9.58
Whitsuntide June .. ..	45,567	4,186	9.18
August September ..	47,529	3,679	7.74
Christmas December ..	48,871	2,025	4.14

The number of children eligible for free meals at December, 1950, was 6,856.

## Comparative figures for 1949 and 1950.

### NUMBER OF DINNERS SUPPLIED TO CHILDREN DURING 1949

	<i>Free Dinners</i>	<i>Part-paid Dinners</i>	<i>Paid Dinners</i>	<i>Total</i>
Nursery .....	11,254	—	410,900	422,154
Primary .....	816,782	60,307	5,097,620	5,974,709
Secondary Modern .....	277,679	23,410	1,767,677	2,068,766
Grammar and Technical	7,438	241	1,158,807	1,166,486
Special Schools	36,306	1,609	254,860	292,775
	1,149,459	85,567	8,689,864	9,924,890

### NUMBER OF DINNERS SUPPLIED TO CHILDREN DURING 1950

	<i>Free Dinners</i>	<i>Part-paid Dinners</i>	<i>Paid Dinners</i>	<i>Total</i>
Nursery ... ..	13,347	—	369,037	382,384
Primary .....	788,804	36,596	4,731,805	5,557,205
Secondary Modern	277,224	11,876	1,609,390	1,898,490
Grammar and Technical	10,970	179	1,194,545	1,205,694
Special Schools ...	43,881	2,049	239,916	285,846
	1,134,226	50,700	8,144,693	9,329,619

## MILK IN SCHOOLS SCHEME

The number of children taking milk (as per return to Ministry of Education) on a given day in :

			<i>Percentage.</i>
February, 1950 .....	125,463		88.81
June, 1950.....	131,967		90.16
October, 1950 .....	132,878		88.70

## EXAMINATION OF CANTEEN STAFF

During the year, 536 employees of the School Meals Service have been examined by assistant school medical officers for admission to the Corporation Sickness and Accident Allowance Scheme. Special examinations have also been carried out to ensure that canteen staff are fit to be employed in the preparation and serving of meals.

## SCHOOL BUILDINGS

Several schools and canteens have been opened during the year and numerous adaptations and alterations have been carried out.

The medical officers pay attention to the hygienic condition of the schools during their visits and notify any defect for appropriate action.

## MINOR AILMENTS AND INSPECTION CLINICS

There has been a slight fall in the attendances compared with the previous year owing to the difficulty in replacing an assistant school medical officer for a considerable period and owing to the extra number of sessions which have been devoted to the medical examination of employed school children. The parents show their appreciation of being able to consult the medical officers at the clinics on the general welfare of their children, apart from the treatment of minor ailments.

### Scabies

There has been a further welcome fall in the number of cases of scabies ascertained during the year compared with the previous year. The comparative figures are 207 and 599 respectively.

The number treated by the School Health Service is shown in the table below :

1	2	3	4	5
Clinic	Individual children treated for scabies	How many of col. 2 were re-infections	No. of baths given for scabies	Average period elapsing between first and last bath
Floodgate Street	78	6	162	6 days
Sheep Street	32	2	70	6 days
Great Charles Street	42	10	99	5 days
Aston	31	—	62	5 days
TOTALS	183	18	393	5½ days

The children are referred back to the medical officers after treatment.

### Ringworm of the Scalp

There were 75 cases of ringworm of the scalp discovered during the year compared with 50 cases during the previous year.

### Diseases of the Skin

Both impetigo and other diseases of the skin have shown a welcome decline during the year.

## DEFECTS OF EAR, NOSE AND THROAT

Mr. F. Brayshaw Gillespy attends for two sessions a week at the Aural Clinic, Great Charles Street. For the remaining sessions during the week, the nurse-in-charge carries out the treatment according to the specialist's directions.



Reports are also sent to the medical officers at the school clinics where the treatment prescribed by the surgeon can be carried out.

During the year 540 children were seen, making 3,929 attendances.

The following table shows the nature of the work carried out at the clinic during the year :

No. of examinations by the Aural Surgeon	..	.....	910
No. of diastolizations	..	.....	186
No. of mastoid dressings	..	.....	583
No. of other aural treatments	..	.....	2,250

The gramophone audiometers were serviced during the year and it is hoped that, with increased staffing, a start can be made with the systematic testing of hearing in the schools.

Mr. Gilhespy reports :—

“There are still a great number of children in our schools suffering from chronic discharging ears. It is possible that, in the future, when many patients will have been treated by penicillin or other drugs in the earliest stage of an infected ear, fewer cases of this kind will require treatment. At present, however, the chronic discharging ear is prevalent in our school population and causes a great loss of school time. Many of these cases require operative treatment and I have performed nine mastoid operations on children who did not respond to local non-operative treatment.

As has been the case in previous years I have also been forced to operate on sixteen children with nasal catarrh caused by disease of their accessory nasal sinuses. These patients and the preceding class I have taken into the Birmingham and Midland Ear and Throat Hospital.

Most of our patients requiring removal of tonsils and adenoids have been operated upon at the Handsworth School Clinic and seen again nine months after operation. The results in terms of general health in those who had been suffering from nasal symptoms or general ill-health have been satisfactory as cases have been carefully chosen.

A start has been made in supplying hearing aids to children at Schools for the Deaf ; it is hoped that, in the future, the supply of these aids may be increased.”

## TONSILS AND ADENOIDS

The medical officers continue to assess the need for operation on tonsils and adenoids on a conservative basis.

Operative treatment was carried out at the Committee's clinic on only 138 sessions during the year as, in view of the prevalence of poliomyelitis, it was considered advisable to close the clinic towards the

end of July. Operations were recommenced at the beginning of November and accordingly, in spite of keeping the cases under careful review, there was a large waiting list at the end of the year.

The general arrangements have been described in previous reports. In particular, however, it can be noted that the check-up of the bleeding time of those cases where there is a possible history of delayed clotting has been continued.

The two surgeons each attend on two sessions a week and during the year the following operations were carried out :

	Boys	Girls	Total
Tonsils only removed .....	23	28	51
Adenoids only removed .....	4	1	5
Tonsils and adenoids removed	886	798	1,684
	913	827	1,740
No. of tags removed under general anaesthetic .....			3

## EYE DEFECTS

The number of pupils examined in the routine age groups who suffered from defective vision (excluding squint) was :

	No. examined	No. found to have defective vision	Percentage
Entrants .....	19,188	290	1.51
Second Age Group .....	10,419	950	9.12
Third Age Group .....	12,009	1,553	12.93

In addition, the school nurses test the visual acuity of the children in certain other age groups and those found to have defective vision are referred for the appropriate examinations.

## OPHTHALMIC TREATMENT

The arrangements for the dispensing of the glasses prescribed by the Ophthalmic Surgeons and the Medical Officers who carry out refractions were made through the Supplementary Ophthalmic Service of the National Health Service. The Ophthalmic Surgeons prescribed 3,601 glasses and the Medical Officers 1,257 glasses.

When the new scheme came into being, concern was expressed all over the country at the considerable length of time which elapsed before the spectacles were provided. Fortunately, however, arrangements

were made by the Local Executive Council for priority to be given to special cases. It is a pleasure to note that the general waiting period, which was reduced during the previous year, continues to be comparatively short.

Mr. H. W. Archer-Hall reports :—

“With regard to the work of the Great Charles Street Clinic during the year 1950, I think I may report that this has gone on very smoothly, and that the attendances of children and parents have been very gratifying, and full numbers each session, or nearly so, have been a regular feature at my clinics on Wednesday afternoons and Thursday mornings.

A few years ago it was decided in conjunction with the then School Medical Officer that all cases of myopia of 3 dioptres or over should be referred to my clinic. This has resulted in there being a majority of cases with myopic defect attending on my days. These short-sighted children and their parents appear very much interested in their treatment and examination. This is no doubt due to the fact that, more than in any other error of refraction, the myope is dependant upon his, or her, glasses. Apart from the actual large defect in the vision directly in consequence with the degree of myopia, there is, of course, a smallness of the retinal image to be considered, and these factors have a great bearing upon regular attendance for examination and upon the appreciation of the patients and their parents, who are often myopic themselves.

In addition to the above myopic cases, there are a large number of hypermetropic astigmatism cases of large degree under my care, and these, too, experiencing great eye-strain without their glasses, have maintained very good attendance during the year.

Of these latter cases I have operated upon 92 children for squint at the Birmingham and Midland Eye Hospital.”

Mr. Mark Tree reports :—

“The school ophthalmic clinics have continued to maintain high attendances.

There is no doubt an increasing awareness on the part of parents of the facilities here available for the early recognition and progressive treatment of squint cases; and for the investigation and supervision of children with pathological conditions.

In the cases attending schools for the partially sighted it is quite evident that here is a very happy attachment between the pupils and the teacher, to such an extent that cases with improved vision are reluctant to be transferred to normal schools.



‘There were twenty-seven new recommendations to the schools for the partially sighted, and also three to the Blind Institution.’

Mr. J. H. Austin reports :—

“Analysis of refraction cases seen during 1950 :

	<i>No. of Sessions.</i>	<i>Total Refractions.</i>
Harborne Lane Clinic ... ..	33	311
Sheep Street Clinic ..... ..	41	389
Sparkhill Clinic .. ... ..	19	172
Yardley Green Clinic ..... ..	2	19
	<hr/> 95	<hr/> 891

These figures do not include a small number of cases referred by the nurses for advice or treatment, of which I have no record. Two groups of cases require special mention : (i) myopes, where my practice has been to arrange for a further examination in 12—18 months : (ii) squints ; when domestic considerations permit, I have referred those cases which are suitable for orthoptic treatment to the Children’s or (more rarely) to the Eye Hospital ; and those cases which require a cosmetic operation to the Eye Hospital, if the parent wished it.”

### SCHOOL DENTAL SERVICE

The Chief Dental Officer, Dr. E. Davies-Thomas, submits the following report :—

“During the year under review the school population has risen to approximately 166,000. The establishment of school dental surgeons remains static at twelve but various staff changes have taken place.

I have, with regret, to record the resignation of Mr. J. C. Cuzner on 31st May, 1950, who left us for an industrial clinic.

The loss of a member of the staff increases the load for the remainder, and presents some difficulty for your Chief Dental Officer in holding an even balance in the distribution of the depleted staff to the clinics.

I am happy to report that the remainder of staff resisted outside attractions and the situation improved by the following appointments. Mrs. H. S. K. Sainsbury, L.D.S., was re-appointed on 17/4/50 for three sessions per week with later (16/10/50) an additional session, making four in all.

Mrs. H. M. Levy, L.D.S., appointed on 17/5/50 for five sessions.

Mr. D. H. Goose, B.D.S., appointed on 21/11/50 as a full-time member of the staff.



Last year the number of the staff of school dental surgeons remained static at eight and ten elevenths, whereas this year the number on the staff has fluctuated and eventually at the end of the year the number showed a fortunate upward trend, being nine and eight elevenths with your Chief Dental Officer in addition.

Relatively this is indeed a happy position in that most of the clinics have a full-time service, but even at full strength of the establishment, i.e., 12 school dental surgeons, it is a hopeless task to treat adequately a school population of 166,000.

The staff of dental attendants remained the same throughout the year, with the modification that Miss Fletcher was re-appointed in a temporary capacity when she became Mrs. Green on her marriage, 12/8/50.

Various activities mentioned last year have been continued and the following are worthy of note.

In the anthropometric survey, the number examined at the end of 1950 has reached 4,265. The survey is not yet completed, but arrangements are being made for the statistics to be compiled.

Tuition in dental subjects was given again this year in the course for training health visitors and to the Home Office course for training House Fathers and House Mothers. In this connection I would like to express my thanks to the staff of St. Thomas's C. E. School and in particular Miss A. K. Jones for the help and co-operation in the demonstrations arranged at the school and to the Matron of the Children's Hospital for the use of the lecture theatre in the Nurses' Home.

The anaesthetic scheme is continuing to work satisfactorily.

Propaganda has been undertaken as in previous years by lectures, film displays to Parent-Teacher Associations and at nursery schools to the mothers.

The assistance given to the Maternity and Child Welfare Department has continued during the year in the same manner as reported by me last year.

### **Foreign Visitors**

Visitors from foreign countries have visited the School Health Service under various auspices in the course of the year, and their introduction to the School Dental Service was allocated to me.

### **The Orthodontic Scheme**

The orthodontic scheme has most unfortunately again been delayed, and for reasons beyond my control, but I am happy to state that there is now every prospect that the scheme will commence next year,

## **Children's Hospital**

The School Dental Service of this Authority is in a very happy position with regard to hospital treatment for the children for whom it is responsible.

The valuable liaison between the School Dental Service and the Children's Hospital has been maintained by the fact that your Chief Dental Officer is the Senior Consulting Dental Surgeon to the hospital and to whom the School Dental Surgeons refer cases for consultation and treatment, if called for, having the use of the various departments available for investigations for cases such as heart disease, bleeders, etc., also of course, treatment as in-patients if necessary—e.g., oral surgery.

## **The Dental Hospital**

I am again happy to report that I work in the closest co-operation with the staff of the Dental Hospital and School, and would like to express my keen appreciation of the ready collaboration I always receive from all departments.

## **Casuals—Emergency treatment for toothache**

These cases are given priority as far as the service permits with special arrangements provided for them as reported last year, but even so they are a continual headache, as there is no means of estimating the demand for treatment.

## **Statistics**

The figures are published as compiled in previous years, but on attempting an analysis it appears that the system of compilation has been upset by the change in the channel of the demand for treatment.

This fact was realised towards the end of the year and steps have been taken to adjust the returns so that the compilation of statistics on a proper foundation will be, I trust, possible in future years. The main trouble is the proper interpretation of the word Casual as the number of casuals requiring treatment is greater than the number found to require treatment at routine dental inspections.

The shortage of staff, plus the large number of the school population makes for fewer routine school inspections and thereby, as stated previously, increases the number of casuals.

I feel I must express my concern for the future of the School Dental Service and can only hope that the financial side (Salaries) will be put on such a basis as to attract candidates into the service and/or to retain the ones still serving.

School dentistry does not appeal to all members of the dental profession. Indeed, I would go so far as to say that the School Dental Service is a vocation in the highest sense of the word, devoted as it is to the service of the rising generation.

In conclusion I would like to express my appreciation of the co-operation I have received from the staff—both professional and lay."

## STATISTICS

	1950	1949	1948
Total inspected in all schools	41,671	49,858	54,754
Total in need of treatment	29,753	34,899	33,158
Total number who received treatment	29,641	31,361	27,289
Increase or decrease of treatment sessions compared with previous year	4.1% decrease	5.2% increase	5.7% decrease
Increase or decrease in total treated compared with previous year	5.5% decrease	14.9% increase	0.1% increase
Increase or decrease in Inspection sessions compared with previous year	17.4% decrease	1.8% increase	36% decrease
Increase or decrease in number inspected compared with previous year	16.4% decrease	8.9% decrease	33.4% decrease
Gas sessions — average attendance	22.1	22.42	21.26
Filling sessions — average attendance	7.53	7.34	6.74
Casuals (without appointments)	7,573	8,339	4,649
Percentage of total treated	25.5%	26.6%	17%
Extractions :			
Permanent teeth	10,861	10,514	10,022
Deciduous teeth	58,911	62,974	57,881
Filling :			
Permanent teeth	11,164	11,587	11,526
Deciduous teeth	241	288	445
Other operations, crownings, etc. :			
Permanent teeth	3,821	3,421	3,238
Deciduous teeth	833	1,450	1,507



## ORTHOPAEDIC DEFECTS

The Committee were fortunate enough to secure the services of a further physiotherapist for part of the year, and this is reflected in the increase of the number of treatments.

During the year 2,426 children were given treatment at the orthopaedic clinics and made 50,831 attendances.

Mr. F. G. Allan, F.R.C.S., the Orthopaedic Surgeon, was happily able to resume his consultative clinic during the year. All the physiotherapists attend with their special cases on the occasion of his visit and benefit from the stimulating guidance.

Mr. Allan reports :

### **“Co-ordination of Orthopaedic Services in the City**

Some years before the last war physical exercise clinics were established under the Education Department and selected cases were referred to the City's orthopaedic surgeons. It soon became obvious that a closer liaison between the assistant school medical officers, the physiotherapist treating the cases, and the consulting surgeons was desirable, and so regular sessions were established at the Sheep Street School Clinic where all three were represented, and a plan for treatment for each case devised. Some were found to need immediate hospital treatment and were diverted to the Royal Cripples Hospital, as it was then called. Soon, however, the pressure of numbers made it necessary to send the children to the Warwickshire Orthopaedic Hospital at Coleshill as the Royal Cripples Hospital already had a long waiting list. This scheme was interrupted by the war, but it has recently been possible to resume it again.

The object of the scheme is two fold ; firstly the recognition of cases of minor deformity which if left untreated might lead to some degree of disability, and their treatment by appropriate physical methods. These cases are selected by the assistant school medical officers and referred to the physiotherapists at the exercise clinics. Secondly, the weeding out of the more serious cases and their examination by the Orthopaedic Surgeon at Sheep Street Clinic, when it is decided whether further physiotherapy is appropriate or whether hospital treatment is essential.

Following a stay in hospital it is endeavoured to refer each case back to the appropriate clinic for after-care. There may be an intermediate period when out-patient hospital treatment is necessary for the purpose of splint fitting and plaster work, but as the scheme develops this stage may be eliminated.

Apart from its importance in the recognition and treatment of early deformity the scheme is very valuable in lessening the burden on the overworked city hospitals.”



Close co-operation is maintained with the Royal Orthopaedic Hospital, and the Orthopaedic Department of the Children's Hospital. Full reports are sent by the orthopaedic surgeons to the physiotherapists and the children are referred to the surgeons as required.

Reason for attendance	Number of individual children treated	Number of attendances
Remedial exercises .....	1,902	38,570
Massage .....	195	2,681
Radiant heat .....	182	5,442
Electrical treatment .....	225	2,853
Other purposes .....	290	1,285
<b>TOTAL</b> .....	<b>2,794</b>	<b>50,831</b>

Defect	Number treated	RESULT OF TREATMENT				
		Remedied	Much Improved	Slightly Improved	Unchanged	Discontinued treatment
Spinal curvature .....	328	95	124	55	12	42
General muscular debility .....	120	11	57	21	22	9
Various forms of paralysis .....	13	—	7	3	2	1
Deformities of the feet .....	873	156	334	160	39	184
Chest conditions, asthma, etc. ....	343	20	161	76	30	56
Injuries to limbs .....	30	21	4	—	2	3
Wry neck, etc. ....	36	10	17	4	2	3
Enuresis .....	6	1	2	3	—	—
Other conditions .....	47	31	10	2	1	3
<b>TOTAL</b> .....	<b>1,796</b>	<b>345</b>	<b>716</b>	<b>324</b>	<b>110</b>	<b>301</b>

Total number of individual children treated during the year: 2,426.

### ULTRA-VIOLET RAY TREATMENT

All the lamps were in use during the year, and with the fortunate increase in staff, there was an increase in the number of treatments.

Through the courtesy and co-operation of Miss Chatwin, the Chief Physiotherapist, a refresher course for nurses in the administration of ultra-violet light was held at the Queen Elizabeth Hospital.

The following analysis is indicative of the help which can be given in well-selected cases:—

Defect	Number Treated	Cured or much Improved	Improved	No Better	Ceased to attend before completion of cure
Debility .....	1,042	214	483	35	310
Rheumatism .....	107	25	45	—	37
Chorea .....	9	1	4	—	4
Bronchitis and asthma	499	107	210	19	163
Nasal catarrh, etc. ....	311	76	143	10	82
Enlarged glands .....	86	25	37	2	22
Otorrhoea and deafness .....	47	10	15	—	22
Blepharitis and conjunctivitis .....	32	8	11	1	12
Anaemia .....	103	27	30	1	45
Chilblains .....	30	12	14	—	4
Alopecia .....	23	6	6	2	9
Impetigo .....	10	7	—	—	3
Other skin troubles....	89	29	40	2	18
Rickets .....	4	—	3	—	1
Nervous Debility .....	6	—	3	3	—
<b>TOTAL</b> .....	<b>2,398</b>	<b>547</b>	<b>1,044</b>	<b>75</b>	<b>732</b>

### CHILD GUIDANCE CLINIC

Dr. C. L. C. Burns, the Medical Director of the Clinic, reports:—

“The following figures, based on the last annual return, indicate the number of cases and how dealt with.

#### FIGURES FOR YEAR ENDING DECEMBER 31st, 1950

On waiting list at time of last report	181
Referred to Clinic since last report .....	550
<b>TOTAL</b> .....	<b>731</b>
Accepted for treatment .....	251
Diagnostic cases .....	254
Unsuitable, failed, or waiting .....	226
<b>TOTAL</b> .....	<b>731</b>

The main point is the proportion of cases that can be taken for full treatment. Owing to the limited resources—one clinic for the whole City—it is necessary to be content with ‘diagnosis’ in many cases. This does in fact amount to preliminary ‘treatment’, since the problem is explored, advice given and some of the tension relaxed.

Another way to avoid an endless waiting list is to have cases under 'supervision', i.e., occasional follow-up visits to the clinic instead of full-treatment.

The category of cases under 'supervision' also includes those children who have temporarily been placed away from home.

Great relief was experienced when it became possible to send our most difficult cases—some from impossible homes—to Bodenham Manor School, which opened in March last year.

This school is run by the Birmingham Society in Aid of Invalid and Nervous Children, and is recognised by the Ministry of Education; the Warden is David Wills. We have sent 9 girls and 9 boys.

The School is visited monthly by the Medical Director of the Clinic, who generally spends a night there, finding that seeing the children at meal times and bed-time affords the opportunity for very useful observations. It is instructive to see them and discuss them with the staff at these monthly intervals, and note the gradual or sudden change and the phases, they go through. Some turn out to be almost normal when away from home, others continue much the same when there is a large temperamental factor or deep-seated emotional disturbance; others may suddenly improve when adequate personal relationships are formed.

On the whole most of the children have shown real improvement; not just the superficial improvement in behaviour which might be the result merely of removal from a bad home, but something deeper and more fundamental.

A few children have been for some years now at Ledston Hall School in Yorkshire, and have done very well. Other cases have been sent to Hill Orchard School, Warwicks; St. Peter's School for Girls, Horbury; Westhope Manor School, Salop. One or two cases are at present in the Children's Section of the Maudesley and Mapperley Hospitals respectively.

The chief difficulty is to find places for boys over eleven, and we are still hoping that our own hostel will come into being during 1951.

The demand for residential places for all types and ages still far exceeds the supply."

### **SPEECH THERAPY**

The Speech Therapists submit a composite report:—

"At the beginning of the year, one part-time and three full-time speech clinics were functioning in Birmingham. With the resignation of a speech therapist at Easter, the Moseley Road Clinic became part-time in addition to the Handsworth Clinic; the clinics at Kingstanding and Stechford remaining full-time.

All Occupation Centres in the Birmingham area are being visited with a view to the assessment of the development level of speech attained by the children; possible speech therapy; and criticism and advice on the general speech work carried on at the centres.



During the past year, immediate admission for regular treatment has been found impossible in many of the increasing number of cases referred as urgent. In some cases, however, interviews have been granted and advice given to parents on remedial measures possible at home. The co-operation of school staffs has proved invaluable in this new venture and it is hoped that this will prove successful as a temporary measure while staffing is inadequate to the demand for treatment.

No. of cases referred for treatment during the year	294
No. of patients admitted for treatment during the year	134
No. of patients receiving treatment during the year	347
No. of patients who failed to attend interviews	9
No. of patients on waiting list—December, 1950	295
No. of patients discharged during the year	149
No. of parents or guardians interviewed during the year	40
No. of visits to schools and homes of patients	28

There has been a gratifying interest in the methods employed at the clinics. The British Council arranged for several visitors from abroad to attend, one of whom was Professor Lopez, a Mexican specialist in the training of the deaf and in speech therapy. Other visitors included students attending the Home Office Course for Staffs of Children's Homes and senior pupils from girls' grammar schools."

## TUBERCULOSIS

Dr. J. E. Geddes, Chief Clinical Tuberculosis Officer, reports:—

### "TUBERCULOSIS NOTIFICATIONS AND DEATHS ALL FORMS OF TUBERCULOSIS

STATEMENT A.			BOYS AND GIRLS				
Year	AGE GROUPS					Total	
	0—4		5—9	10—14	5—14	Cases	Deaths
	Cases	Deaths	Cases	Cases	Deaths		
1936	68	33	42	49	22	159	55
1937	65	42	36	31	25	132	67
1938	79	32	45	30	18	154	50
1939	51	36	44	35	19	130	55
1940	64	21	36	24	19	124	40
1941	73	52	33	26	28	132	80
1942	77	38	56	40	28	173	66
1943	74	36	39	36	12	149	48
1944	82	45	44	37	20	163	65
1945	85	35	49	41	23	175	58
1946	77	29	67	52	19	196	48
1947	124	47	66	54	19	244	66
1948	98	36	75	49	21	222	57
1949	88	23	55	49	12	192	35
1950	90	13	65	55	10	210	23

The above table shows the annual incidence and mortality from all forms of tuberculosis since 1936. The number of cases notified during



1950 was 80 (61.5 per cent.) above those recorded during 1939, and 66 (45.8 per cent.) above the average for the years 1936—1939, but there has been a marked and most encouraging reduction in the number of deaths.

The number of deaths recorded in 1950 was 32 or 58.2 per cent. below those recorded during 1939 and 34 or 59.6 per cent. below the average for the years 1936—1939.

These figures despite the large number of new cases, are on the whole satisfactory. The increase in the notifications and decrease in the deaths for the various age groups, in 1950 and 1939, are shown in the following table.

Age Groups	1939		1950		Percentage	
	Cases	Deaths	Cases	Deaths	increase Cases	decrease Deaths
0—4	51	36	90	13	76.5	63.9
5—9	44	19	65	10	47.7	47.4
10—14	35		55		57.1	

## Housing

During the past five years 862 families have been rehoused and in present circumstances that is a good record. The ready co-operation of the Birmingham Estates Department in this work is of great importance and is greatly appreciated.

It should be continued by both departments until the home conditions of all tuberculous families in the city are satisfactory. There would be in that accomplishment obvious benefit for the patient and his family, but in addition, both the economy and the public health of the city would be effectively served.

Renewed efforts to reach this objective have been made and in December, 1950, 46 families were rehoused; an annual rate of 500 houses, which it is hoped may be attained.

## B.C.G.

The prevention of infection is a precautionary measure which demands and is given constant attention, and these measures are now being sustained by vaccination with B.C.G. which was applied during 1950, and by the end of the year, 650 contact children had been examined and 200 vaccinated,

## TUBERCULOSIS NOTIFICATIONS AND DEATHS

### PULMONARY TUBERCULOSIS

The following statement, which is extracted from Statement A, shows the annual incidence and mortality of pulmonary tuberculosis from 1936—1939.

STATEMENT B		AGE GROUPS				BOYS AND GIRLS	
Year	0—4		5—9	10—14	5—14	Total	
	Cases	Deaths				Cases	Deaths
1936	36	14	23	19	4	78	18
1937	32	18	22	19	11	73	29
1938	35	7	18	18	8	71	15
1939	24	12	15	14	8	53	20
1940	42	6	8	14	8	64	14
1941	38	21	14	13	11	65	32
1942	49	16	23	22	9	94	25
1943	48	15	22	18	2	88	17
1944	47	19	30	17	10	94	25
1945	51	15	30	29	11	110	26
1946	57	15	38	35	6	130	21
1947	82	30	50	32	7	164	37
1948	64	22	43	38	10	145	32
1949	56	5	38	30	5	124	10
1950	70	6	44	35	2	149	8

It should be noted that the figures in this table are general in that they include children with primary and re-infection pulmonary lesions: the former in the majority of cases is benign, whilst in the latter the disease is more virulent and the prognosis less satisfactory.

These figures show that the number of cases of pulmonary tuberculosis notified in 1950 was 96 (181.1 per cent.) above those recorded during 1939, and 80 (115.9 per cent.) above the average for the years 1936—1939, but in the same period the mortality figures show a marked reduction.

The number of deaths recorded in 1950 was 12 (60 per cent.) below those recorded during 1939, and 13 (61.9 per cent.) below the average for the years 1936—1939.

The increase in notifications and decrease in deaths for the various age groups, in 1950 and 1939, are shown in the following table:

Age Groups	1939		1950		Percentage	
	Cases	Deaths	Cases	Deaths	increase Cases	decrease Deaths
0—4	24	12	70	6	193.3	50.0
5—9	15	8	44	2	193.3	75.0
10—14	14		35		150.0	

The increase in the number of cases is marked in the younger age groups and there is again in these circumstances an indication of the importance of infection within the household.

## TUBERCULOSIS NOTIFICATIONS AND DEATHS

### NON-PULMONARY TUBERCULOSIS

The following statement shows the number of cases and deaths from non-pulmonary tuberculosis during 1939 and 1950, and these figures include those cases of tuberculous meningitis shown in Statement D.

STATEMENT C		BOYS AND GIRLS		
Age Groups	1939		1950	
	Cases	Deaths	Cases	Deaths
0—4	27	24	20	7
5—9	29	} 11	21	} 8
10—14	21		20	
Totals	77	35	61	15

These figures show that the number of cases of non-pulmonary tuberculosis notified during 1950 was 16 (20.8 per cent.) below those recorded during 1939, and 14 (18.7 per cent.) below the average for the years 1936—1939.

The reduction in notifications is also associated with a considerable fall in the number of deaths which in 1950, was 20 (57.1 per cent.) below the figure for 1939, and 21 (58.3 per cent.) below the average number of deaths for the years 1936—1939.

## TUBERCULOSIS NOTIFICATIONS—MENINGITIS

The following statement shows the annual incidence of tuberculous meningitis from 1939 to 1950.

STATEMENT D BOYS AND GIRLS

Year	AGE GROUPS			Total
	0—4	5—9	10—14	
1939	12	3	1	16
1940	10	9	—	19
1941	20	6	2	28
1942	11	7	5	23
1943	11	4	5	20
1944	16	4	4	24
1945	15	7	2	24
1946	6	6	1	13
1947	15	4	2	21
1948	12	8	—	20
1949	15	4	2	21
1950	8	5	7	20

Continued progress has been made with the streptomycin treatment of tuberculous meningitis. A special committee of the Regional Hospital Board has been established to control and analyse the results of treatment in tuberculous meningitis. Its work should have great value.

### Contacts

The examination of child contacts of patients with pulmonary tuberculosis is work of importance. There is the considerable chance of infection and re-infection of these children and by reason of hereditary factors they may well form an indigenously susceptible group; their supervision is therefore of great importance.

The number of contact children examined during 1950 and the results of those examinations, are shown in the following statement.

(a)

Ages	Total number of children	Contacts to patients with sputum containing tubercle bacilli	Contacts to patients with negative sputum
0—5 years			
Tuberculous	43 (5.2%)	30 (69.8%)	13 (30.2%)
Non-tuberculous	784 (94.8%)	450 (57.3%)	334 (42.7%)
	<u>827</u>	<u>480</u>	<u>347</u>

(b)

6—15 years			
Tuberculous	14 (1.7%)	10 (71.4%)	4 (28.6%)
Non-tuberculous	818 (98.3%)	310 (37.9%)	508 (62.1%)
	<u>832</u>	<u>320</u>	<u>512</u>

Totals of (a) and (b)

0—15 years			
Tuberculous	57 (3.4%)	40 (70.2%)	17 (29.8%)
Non-tuberculous	1,602 (96.6%)	760 (47.4%)	842 (52.6%)
	<u>1,659</u>	<u>800</u>	<u>859</u>

### Sanatorium Treatment

The number of children admitted to the Yardley Green Hospital during 1950 is shown in the following statement.

	Boys	Girls	Total
Number admitted	39	43	82
Number admitted primarily for treatment	26	27	53
Number admitted primarily for observation	13	16	29
			= 82



These figures show that 29 children were admitted for observation, and of that number 15 (51.7 per cent.) were discharged because no evidence of tuberculosis was found, but in 14 (48.3 per cent.) the diagnosis was confirmed and they were transferred to the sanatorium for treatment.

The number of children admitted for treatment during the year was thus 67, and of that number 52 (77.6 per cent.) were cases of pulmonary tuberculosis and 15 (22.4 per cent) cases of non-pulmonary tuberculosis. It has unfortunately again been necessary to restrict the number of admissions to the hospital because of shortage of nursing staff.

### **Children referred to the Chest Clinic**

During the year 3,336 children were examined at the chest clinic, and many of these children were referred for precautionary investigation by the medical officers of the School Health Service.

This association of the work of the two departments is of the greatest value.

### **Comment**

The results recorded in this statement of tuberculosis in the child population of Birmingham during 1950, are on the whole encouraging. The number of new cases has increased: the increase has been a big one, but that probably reflects the very active endeavours in case finding, and the recompense for that work is shown in the falling mortality rates.

The incidence of tuberculous infection and disease in the child population reflects the incidence of tuberculosis in the adult population. There the circumstances are propitious.

It should be observed that in Birmingham during 1950, the total number of deaths from pulmonary tuberculosis has fallen by 112 (18.8 per cent.) in the short period of one year (1949—1950); whilst in comparison with 1939, there were 325 (40.2 per cent.) fewer deaths from pulmonary tuberculosis in the city.

These circumstances are noteworthy and every endeavour should be made to exploit to the full this most favourable trend in the record and history of tuberculosis."

## **MASS RADIOGRAPHY SURVEYS**

The arrangements for the examination of pupils aged 14 and over in attendance at the Grammar, Technical and Modern Schools at the Mass Radiography Centre were continued during the year.

Dr. Halliday Sutherland, the Medical Director, gives the following particulars relating to the year's activities in this connection.

Total number of miniature films taken	14,052	
No. of abnormal miniature films	592 (4.2% of total miniature films)	
No. of large films taken	581	
No. of children who failed to return for large film	11	
	592	
No. of children with abnormal large film judged to be of clinical significance	76 (0.6% of total miniature films)	
No. of children who failed to return for clinical examination	1	
No. of cases of tuberculosis (all forms)	207 (1.5% of total miniature films)	
Active primary tuberculosis lesions	5	
Inactive primary tuberculosis lesions	180	
Active post-primary tuberculosis lesions	5	
Inactive post-primary tuberculosis lesions	14	
Pleural effusion	3	
	207	
Total number of cases of active lung tuberculosis (or 0.07% of total miniature films taken)	10	
Abnormalities of bony thorax and lungs	16	
Chronic bronchitis and emphysema	6	
Bronchiectasis	2	
Pulmonary fibrosis (non-tuberculous, <i>e.g.</i> , post-pneumonic)	6	
Pleural thickening	11	
Cardiovascular lesions—congenital	2	
Cardiovascular lesions—acquired	3	
Miscellaneous (including acquired conditions of ribs, abnormalities of the diaphragm, dextrocardia, dextrocardia with transposition of viscera, pulmonary mycosis, mediastinal effusions, etc)	2	
	48	

The value of this extra form of examination of the pupils has now become well established. Apart from the various conditions noted above which have been discovered as a result of the examinations, the ascertainment of ten unsuspected active cases of tuberculosis, one having tubercle bacilli in the sputum, reinforces the usefulness of this survey.

## SPECIAL INVESTIGATIONS

### Tuberculin Survey

Reference was made in last year's report to the local investigation in connection with the national survey carried out by the Medical Research Council to determine the incidence of tuberculous sensitivity. It

was considered that this information was basic to the problem of tuberculosis contact in order to provide details regarding the proportion of persons who have been infected by tuberculosis in each age group and in relation to different localities. More particularly there was the possibility of the imminent investigation with B.C.G. vaccine.

The tests were applied to approximately 125 boys and 125 girls in each of the age groups 5—14+ in Primary and Secondary Modern Schools and to approximately 150 pupils in the age groups 15+—18 in Grammar Schools, by the Chief Clinical Tuberculosis Officer.

Schools of different social and economic standing were selected and random sampling of the selected pupils has ensured as far as possible, a representative section of the various age groups of the City.

Tribute is again paid to the co-operation of the teachers and to the large number of parents who have given their permission to the tests being carried out.

Some preliminary results are now available and are shown below:

Years	AGE GROUPS SHOWING REACTIONS					
	5		9		14	
Reaction	Positive	Negative	Positive	Negative	Positive	Negative
	46	242	58	229	118	172

### Prevention of Tuberculosis in Young People

The Medical Research Council proposed to carry out an investigation into ways of preventing the development of tuberculosis in the Birmingham district, and in London, Leeds and Manchester, amongst children about to leave school. This group was selected as being of an age when they enter upon a less protected life, going from the shelter of school life to the stress of working conditions.

All children taking part in the scheme were to have the benefit of regular supervision by X-ray, tuberculin tests and other examinations. The tuberculin tests were of the same nature as those described in the above investigation and show whether the child has at any time been infected by the germ of tuberculosis. In addition, any children known to have been in contact with tuberculosis or found to have the disease would have the full care provided by the chest clinic service.

There are two vaccines known as B.C.G. and Vole which have been found to increase the resistance to tuberculosis of persons in close contact with the disease. The Medical Research Council feel there is now

sufficient evidence of the value of these vaccines to make it worth while to carry out an investigation in a wider group. The purpose of this investigation, therefore, is to see if the vaccines will give such increased protection that they should be offered to all children who have never been infected with the germ of tuberculosis.

The children who take part will be divided into two main groups. The first group will consist of children who have already been infected with the germs of tuberculosis and these children will be inoculated. The second group will consist of children who have not yet been infected with the germs of tuberculosis and for purposes of comparison some of these children will be inoculated with one or other of the vaccines, whilst the remainder will not be inoculated.

The Education Committee after full consideration gave their consent to the investigation being carried out, and the scheme was explained at a meeting of the head teachers concerned when full co-operation was promised.

Letters of invitation to the parents have been sent out explaining the nature of the investigation and suggesting that the careful watch on the health of the children was in itself a good reason for taking part.

There has been a gratifying response and the physician-in-charge, who is a member of the Medical Research Council Tuberculosis Unit has commenced operations.



# INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The following tables show the incidence of the more important infections occurring in school children during the quarters of the year.

Figures are also given for comparison with the previous years.

INCIDENCE OF INFECTIOUS DISEASES OCCURRING IN SCHOOL CHILDREN  
(5—14 YEARS INCLUSIVE) 1950

Disease	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year 1950		Year 1949	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Scarlet fever .....	138	191	119	129	71	101	110	148	738	569	507	655
Whooping cough .....	216	267	340	368	186	207	149	156	891	998	746	869
ACUTE POLIOMYELITIS :												
Paralytic .....	2	2	27	23	52	37	8	9	89	91	21	16
Non-paralytic .....	2	1	7	3	13	7	3	1	25	12		
Measles .....	411	373	897	892	309	319	397	365	2,014	1,949	2,094	1,992
Diphtheria .....	5	5	4	7	3	2	5	7	17	21	31	37
Acute pneumonia .....	40	28	13	4	7	8	15	13	75	53	75	65
Dysentery .....	4	—	3	4	6	4	14	14	27	22	4	3
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—	—
ACUTE ENCEPHALITIS												
Infective .....	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious .....	—	—	—	—	—	—	—	1	—	1	—	—
Enteric fever .....	—	—	—	1	1	—	—	—	1	1	3	1
Paratyphoid fevers .....	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas .....	1	—	1	1	1	—	—	3	3	4	3	5
Meningococcal infections	4	8	10	7	4	4	2	3	20	22	11	8
Food poisoning .....	1	1	1	—	1	—	—	1	3	2	—	—

## DIPHTHERIA IMMUNIZATION — Completed Cases, 1950

	YEAR OF BIRTH															Total
	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	
Infant Welfare Centres	36	4,246	382	160	106	92	78	37	21	2	1	1	—	1	—	5,163
Day Nurseries .. ..	—	116	31	24	8	5	—	—	—	—	—	—	—	—	—	184
Schools .. ..	—	—	1	7	36	101	498	244	139	31	9	5	9	4	2	1,086
Institutions .....	—	31	20	10	5	—	1	1	1	4	2	8	6	6	1	96
Council House Clinic	1	206	18	13	4	5	5	—	—	—	—	—	—	—	—	252
General Practitioners D.1 Gen. Practitioners P+D.1	118 1	2,886 289	313 39	128 10	61 7	86 5	33 3	11	8	8	5	4	—	1	2	3,664 354
TOTAL .....	156	7,774	804	352	227	294	618	293	169	45	17	18	15	12	5	10,799

# DIPHTHERIA IMMUNIZATION — Supplementary Doses, 1950

	YEAR OF BIRTH											Total
	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	
Infant Welfare Centres	64	1,354	229	44	20	6	5	3	2	—	—	1,727
Day Nurseries	6	153	15	1	—	—	—	—	—	—	—	175
Schools	9	1,132	2,634	777	277	25	30	36	13	17	7	4,957
Institutions	1	13	9	9	14	16	10	13	9	5	7	106
Council House Clinic.....	—	65	6	2	1	1	6	7	10	1	1	100
General Practitioners	27	404	111	33	14	6	11	5	4	3	3	621
TOTAL	107	3,121	3,004	866	322	54	62	64	38	26	18	7,686

The doctors and nurses visit the schools for special investigation when outbreaks occur, and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health.

No school or department was closed during the year on account of infectious disease.

The total incidence of measles was very much the same as in the previous year, but the second quarter of the year showed a heavy rate.

There was a decrease in the year's total of whooping cough compared with previous years, but, as with measles, the second quarter of the year showed the largest number of cases.

Poliomyelitis, which showed an increase last year, unfortunately occurred in even greater numbers during the year, the heaviest rate being during the third quarter.

It is pleasing to note that the number of cases of diphtheria again shows a decrease for the year under review.

There has been a disconcerting drop in the number of children immunized during the year due to the national policy of stopping immunization during the heavy incidence of poliomyelitis. The Immunization Clinics ceased offering treatment during the middle of June and did not resume until towards the end of November.

### MORTALITY AMONG SCHOOL CHILDREN

The following table shows the causes of death among school children :

#### Deaths of Children aged 5 and under 15

Year ended 31st December, 1950

Cause	Male	Female	Total	Death rate per 1,000 children 5—15
Whooping cough .. .. .	1	—	1	·006
Poliomyelitis .....	6	7	13	·081
Cerebro-Spinal fever .....	1	—	1	·006
Tuberculosis of lungs .....	1	1	2	·012
Tubercular meningitis .....	3	5	8	·050
Cancer of digestive organs and peritoneum .....	1	—	1	·006
Cancer of other organs .....	5	1	6	·037
Rheumatic fever .....	2	—	2	·012
Cerebral haemorrhage .....	1	—	1	·006
Other nervous diseases and diseases of sense organs .....	4	—	4	·025
Heart disease .....	1	2	3	·019
Pneumonia .....	6	—	6	·037
Diarrhoea and enteritis .....	1	—	1	·006
Appendicitis .....	4	1	5	·031
Other digestive diseases .....	—	1	1	·006
Acute and chronic nephritis .....	4	1	5	·031
Congenital debility, malformations, etc. ....	3	—	3	·019
Accidents and other violence .....	18	9	27	·168
Other causes .....	5	1	6	·037
Total of all causes	67	29	96	·0596



Generally there was a further fall in the number of deaths in this age group which is of significance. Unfortunately, however, the sharp rise in incidence of poliomyelitis left its sad toll. Deaths from accidents also showed an increase and it would seem that care and attention to the subject of accident prevention is very much required.

## PHYSICAL EDUCATION

Close collaboration exists between the School Health Service and the Organising Inspectors of Physical Education, both in general considerations and over individual children. During medical inspection at the schools and at the clinics the medical officers consider the fitness of the children for the various forms of physical activities and advise accordingly.

In the same way the medical officers attend the Birmingham Athletic Institute to undertake the medical examination of selected students.

The Organising Inspectors indicate in the following report the changing trends in physical education, the inter-relation of the development of the body and mind and the opportunities which are available for pupils after leaving school.

“During the year covered by this report physical education has continued to play an important part as a constructive health measure, contributing to the improved growth of the individual boy or girl, man or woman at every age. The Education Committee make wide provision for physical education throughout the various kinds of educational institutions under their charge, including primary and secondary schools, schools for handicapped children, training colleges and centres, evening institutes and allied groups.

Physical education is now accepted as a means of influencing general educational growth. It is popular with all ages, particularly the young and its influence on the healthy development of mind and character as well as the body is generally recognised. Apart from its important contribution within compulsory education, physical education develops healthy interests for leisure time and it has a valuable part to play in the occupational work of home and industry.

In general, the organisation of physical education under the Committee falls under three headings:—

1. The provision of facilities
2. The training of teachers and leaders
3. The work within compulsory and voluntary classes.

## 1. The Provision of Facilities

(a) **Gymnasia, halls and playgrounds:** These are improving and gradually regaining the pre-war standard. More playing fields have been brought into use, enabling more children to enjoy organised games; school playgrounds, halls and gymnasia have been given attention in reference to their use in physical education. A special event of the year was the re-opening on 28th October, 1950, of the attractive reconstructed premises of the Birmingham Athletic Institute in John Bright Street by the Rt. Hon. G. Tomlinson, M.P., Minister of Education. These premises, which suffered war damage in 1940, have given an added fillip to the splendid work in physical education, which had carried on for the past ten years under great difficulties in temporary headquarters, at the same time becoming a focal point in the training of leaders and provision of physical recreation.

(b) **Apparatus and Clothing:** The cost of gymnasia and sports apparatus has greatly increased, yet such equipment is essential if worthwhile training in physical education is to be given. The standard of clothing for physical training lessons has become more variable as prices have risen. Schools, institutions and clubs continue to show much ingenuity, however, in keeping pace with this problem, and the staffs are to be congratulated on the efforts made to keep as high a standard for their classes as is possible.

## 2. The Training of Teachers and Leaders

Training courses for teachers in primary and secondary schools and instructor leaders in evening institutes and clubs have been held in many branches of physical education, including gymnastics, sport, educational dance, swimming and camping. There is continued enthusiasm for these courses. Some of the courses are held in school time, others are attended in leisure hours. Many teachers and leaders also give up much spare time to voluntary service in sports and other activities with class groups and individual pupils outside normal working hours.

The full-time three-months' special supplementary courses for the training of women teachers in physical education, undertaken by the Authority at the request of the Ministry of Education, came to an end in July, 1950, after a period of two years.

## 3. Modern Physical Education

The changes in the breadth of physical education, in type of work within any branch, whether it be gymnastics, games, dance or swimming, and the changing scene in educational teaching method are subjects too

vast for a brief report of this nature. Such changes can best be seen by a visit to some of the schools and further education classes in the City and by accompanying some of the many voluntary groups on their expeditions to camps, youth hostels and similar places.

The close co-ordination of physical education and the School Health Service is becoming increasingly effective as more normal post-war conditions are regained. Staffing shortage still remains one of the chief problems which tend to retard the implementation of many recommended developments. It is hoped, however, such developments will become possible in the future."

### **CAMP SCHOOLS**

The two camp schools have again been open during the year. That for girls at Oxford re-opened on 28th February and remained open continuously until the 18th December. Bell Heath Camp for boys re-opened on 6th March and closed on 7th December. Fourteen groups of boys and girls visited each of the Camps and reports from the Head Teachers, from time to time, have shown that the children derived considerable benefit from their stay. Unfortunately the weather this year, as distinct from last year, was inclined to be cool and showery, but this did not preclude the children from visiting the places of historic interest in Oxford or from taking their long rambles around the countryside at Bell Heath.

Active preparations are now in hand for the re-opening of the Camps in February, 1951.

### **CONVALESCENT TREATMENT**

In accordance with the Committee's Scheme 157 children were sent to convalescent homes during the year ended December, 1950. Full payment was not made for all, as in several cases some contribution was made by a voluntary fund.

### **REMAND HOMES**

The transfer to the Health Committee of the medical care and supervision of the children who are the responsibility of the Children's Committee was described in last year's report.

As the Child Guidance Clinic, however, has exceptional facilities for the investigation and preparation of psychiatric reports it was agreed that the Education Committee should continue to give this form of service.

Accordingly, psychiatric reports are prepared for the Juvenile Court and the services of a psychiatrist and educational psychologist for the Forhill House Remand Home are provided on one session each week.



## NURSERY SCHOOLS AND CLASSES

At the end of the year there were 1,105 children in Nursery Schools and 1,257 in Nursery Classes.

The nurses pay regular visits to these children whilst the medical officers examine the children at least every three months.

The reports of the medical officers confirm the outstanding value of this form of provision. Not only are defects and deviations treated at an early stage—one of the main aims of the School Health Service—but also in this community preventive medicine is practised fully.

Mention was made in last year's report of certain modification in the arrangements for nursing supervision. It is pleasing to report that generally there is now a closer supervision of the health and hygiene of the children and a greater degree of co-ordination with the work of the School Health Service as a whole.

Nursing assistance is provided by the Committee to the Selly Oak, Deritend and Edith Cadbury Nursery Schools which are maintained by Voluntary Committees on which the Education Committee is represented.

## WORK OF THE SCHOOL NURSING STAFF

Miss D. A. Ashby, the Superintendent School Nurse, reports:—

“The work of the school nurses has proceeded along lines already laid down in previous years. Considerable development has taken place in follow-up work, both of children found to have defects at medical inspections, and children suffering from verminous conditions and general neglect.

### Medical Inspection and follow-up

The school nurses have assisted the assistant school medical officers at periodic medical inspections, special inspections, re-inspections, and at clinic sessions of all types, as in previous years.

The follow-up of children recommended for treatment or observation at medical inspections has been intensified in almost all areas: 7,456 inspections having been made by the nurses for this purpose, with a consequent increase in the number of home visits paid, as shown below:

	1948	1949	1950
Homes visited for follow-up of medical defects and treatment	225	271	374
Homes visited for verminous conditions and/ or general neglect	230	268	202



Many of the home visits paid for follow-up of medical defects could also be counted in the other category, as failure to obtain treatment prescribed and provided is often due to parental neglect or ignorance. When the mother is visited at home the need is apparent and opportunities occur for a great deal of teaching by the school nurse on care and management of the child.

### Vision Survey

Examinations for visual acuity conducted by the school nurses in school covered most of the children in the 8 and 9 year age groups during the year, and the total examined exceeded the total for 1949 by 9,281. The figures for 1950 are as follows :

Total number of examinations for visual acuity	.....	.....	31,201
The number of children with normal vision	.....	.....	21,989
The number of children with defective vision already wearing glasses	.....	.....	3,930
The number of children with defective vision referred to the Assistant School Medical Officer	.....	.....	2,733
The number of children with low visual defects, and no other symptom, for further observation	.....	.....	2,549
Total number of children found at vision survey to have defective vision	.....	.....	9,212

### Nurses' Survey

Owing to heavy loads the school nurses have been unable to weigh and measure children outside of the statutory age groups for periodic medical inspection, except as part of the follow-up, or in the case of children in attendance at nursery schools. The nurses' survey plays a valuable part in maintaining the health of the children by referring to the assistant school medical officers all those who are not making resonable progress, who are not well, or who show any recognisable tendency to deviation from normal growth and development. At least 1,167 children have been referred to the medical officers in this way.

The totals for the last three years are shown below, and do not include any work done in nursery schools :—

	1948	1949	1950
Total number of children examined at routine hygiene inspections	276,833	340,382	285,107

Although there is a drop of 55,275 below the total number of examinations made in 1949, every child has been examined by the school nurse twice during the year, unless absent from school.

## Nursery Schools

Work has continued very much as in previous years. Nurses maintain a health and cleanliness supervision of the children under the direction of the assistant school medical officers. Routine work in the nursery includes weighing and measuring at regular intervals; treatment of simple minor ailments; special interviews with mothers; attendance at medical inspections; administration of ultra-violet light to selected children; follow-up of children and maintenance of records.

## The Campaign for Cleanliness

Intensive follow up by the school nurses has been carried out in school and in the homes of any children found to have been neglected, verminous, dirty or malodorous, in body or clothing. The incidence of body vermin among children of school age is very low, remains fairly constant and, during the recent years, has only occurred in families already under constant supervision for bad home conditions.

Figures for verminous conditions of body and clothing :—

	<i>Individual children found infected.</i>	<i>Families involved.</i>	<i>Individuals re-infested.</i>
1949	6	5	nil
1950	10	4	1

Co-operation has been maintained with the Public Health Department with regard to disinfestation of families, bedding and clothing, and with the Maternity and Child Welfare Service for families where there are pre-school children.

Pediculosis capitis presents quite a different problem. Although in some cases it may be one aspect of a general neglect which requires continuous supervision in the interests of the children, in other cases it is often due to ignorance on the part of parents whose children are receiving fairly adequate care in every other respect. All children with head lice (or ova) are listed by the school nurses and re-examined by the nursing assistants who subsequently cleanse any children not adequately dealt with by their parents.

The figures shown below are for infestation of the head only. They reveal a slight rise in the over all pediculosis rate again this year in spite of an intensive drive to reduce it, and a further substantial drop in the number of statutory cleansings and the number of children cleansed.

## COMPARATIVE TABLE

Category	1946	1947	1948	1949	1950
1. Number of children on registers of primary and secondary modern and special schools at Dec. 31st (excluding Nursery Schools)	122,650	130,277	140,930	141,353	150,824
2. Number of individual children found verminous during the year .....	13,414	12,665	10,888	11,407	12,957
3. The infestation rate	11.3%	9.7%	7.7%	8.06%	8.6%
4. Total number of statutory cleansing notices issued .....	5,568	4,459	6,809	5,806	4,291
5. Number of children completely cleansed by parents after issue of cleansing notice .....	1,349	1,147	1,553	1,799	1,118
6. Number of compulsory cleansings by the Local Authority	4,044	3,051	5,067	4,468	3,211
7. No. of individual children cleansed .....		3,051	3,982	3,412	2,751
8. Voluntary cleansing under scheme for special cases .....	?	122	204	231	375
9. Cleansing demonstration to parents	—	—	—	—	39
10. Number of families prosecuted for pediculosis under section 54 of the Education Act, 1944	2	2	14 families 30 children	43 families 69 children	2 families 6 children

Supervision of all verminous children is maintained by the nursing assistants in school at monthly intervals, and action taken (as described in the 1949 report) under the scheme for special cases, where necessary. During the past year the names of 36 more children of 17 families were placed on the "special" register, and those of 30 children in 8 families removed with a record of cleanliness and general improvement over a reasonable period. So far, of the 72 families whose names had been previously reported as removed because of improvement, only one has seriously backslidden.

In 1950, 10 children of 3 families who were receiving special attention and supervision because of neglect and verminous conditions, were removed to the care of the Children's Committee, following proceedings for neglect under the Children and Young Persons Act, 1933.

The bathing centres play a very important part in any scheme of this kind, quite apart from the treatment of scabies. Cleansing demonstrations have been arranged for individual mothers and voluntary cleansings arranged for families in temporary difficulty, at home (e.g. serious illness or death of a parent). Much help has also been given to families seriously handicapped by housing difficulties, mental deficiency, invalidism of parents, etc., during the year; 65 children in 19 families have been helped together with their mothers and a total of 877 baths have been given to these children.

A very fine spirit of service has been shown in this work and good team work between school nurses and nursing assistants has resulted in considerable improvement in a number of cases.

### **Post-Certificate Refresher Courses**

Three school nurses attended the 24th Winter School, a two week course by the Women Public Health Officers Association in December, 1949—January, 1950, and six nurses attended the 25th Winter School for the same period commencing December 28th, 1950. This opportunity was greatly appreciated and enjoyed by all who went.

### **Training Course for Health Visitors**

Two of the school nurses, Mrs. Askew and Miss Aslin, attended the above course in Birmingham from September, 1949—April, 1950, and obtained the Health Visitor's Certificate of the Royal Sanitary Institute."

## **INSTITUTE OF CHILD HEALTH**

In view of the recent discussions on the value of the interchange of staffs engaged in preventive and curative medicine, it is satisfactory to record the existing arrangements under the aegis of the Institute of Child Health. The advantages of the inter-change have been fully discussed



in previous reports, and during the year one of the Assistant School Medical Officers attended at the Children's Hospital as a Clinical Assistant on two sessions a week, and two Registrars from the same hospital each worked in the School Health Service on one session weekly.

There seems no doubt that this scheme offers valuable material benefits both to the doctors and to the types of services they represent.

It is fitting to acknowledge here the help and encouragement given by Professor J. M. Smellie, Professor of Child Health, both directly in connection with the Hospital and Institute, and indirectly over a wide area to those engaged in preventive medicine.

## HEALTH EDUCATION

The arrangements for health education in the schools have been continued as in previous years.

In addition it is gratifying to note the following activities during the year.

The medical officers and nurses have given a number of talks at Parent-Teacher Association Meetings on "Child Health" and "The School Health Service." These opportunities have been especially welcomed as they afford the occasion for practical realisation of earlier expressions in this report.

Lectures and demonstrations have been given in connection with the training course for staffs of children's homes, for boarded-out visitors, for student health visitors, for student health visitor tutors, for revision courses for teachers of physical education, for teachers' training courses at the Emergency Training College and at Westhill College, for the staff of the Home Nursing Service and to a group of students from the Selly Oak Colleges studying social science.

Demonstrations were given to final year medical students of the University.

First-aid lectures were also given at evening classes.

The British Council arranged for the School Medical Officer for Thailand to spend some time studying the School Health Service. There have also been various visitors during the year from countries as far apart as New Zealand and the United States of America.

The part taken by the school dental surgeons is described by the Chief Dental Officer.

It is again a pleasure to acknowledge the willing help and interest shown by members of the staff. These activities often require preparation in leisure time and the demonstrations at the schools and clinics have to be skilfully incorporated with the normal busy activities.

*Publications :*

Dr. H. M. Cohen	The Educationally Sub-normal Child	<i>Mother and Child</i> , January, 1950.
Dr. H. M. Cohen	National Health and the School Medical Officer	<i>Nutrition and Child Welfare</i> , February, 1950.

## EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

The bye-laws governing the employment of school children and street trading by persons under eighteen were amended as from 1st June, 1950.

The amendments include *inter alia* :—

- (1) the addition of certain occupations to the list of prohibited employments ;
- (2) that no child shall be employed whilst excluded from school through illness or contact with infectious disease ;
- (3) the reduction of permitted hours of employment ;
- (4) a half-yearly medical examination of all children in addition to the preliminary examination (previously only those children employed in the delivery of milk or newspapers were required to obtain a certificate of fitness) and
- (5) an increase in the age limits of young persons employed in street trading.

The numbers of school children referred for medical examination during the year under review were :—

Under the bye-laws regulating the employment of school children	5,518
For theatrical licences	122

## MISCELLANEOUS

*Special Examinations :*

Examination of manual staff in accordance with the Corporation's Sickness and Accident Scheme	856
Examination of staff of the Education Committee in accordance with the Corporation's Superannuation Scheme	256
Examination of other adult employees of the Education Committee	37

## CO-OPERATION AND ACKNOWLEDGMENTS

The parents attend the periodic inspections at the schools in large numbers following the personal invitation to be present. The largest number show their interest in the first examination with a progressive diminution at the second and third examination. The presence of the parents is welcome both at the schools and at the clinics as this gives an opportunity for useful consultations.

The help which the teachers give to the efforts of the School Health Service has become increasingly recognised. Their willingness and practical help has indeed been mentioned on various national public occasions.

The Committee's inspectorate have also shown their general interest and have given valuable advice in particular cases.

To the doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation of their very material help in supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgment is also made of the willing help and co-operation given by the following who are now connected in various ways with the work of the School Health Service: the Senior Administrative Medical Officer of the Regional Hospital Board and his medical assistants; the Secretary of the Board; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In so many ways the Education Welfare and School Attendance Officers give material assistance to the School Health Service and special mention may be made of their help in following-up certain cases and in providing information from their wide range of activities.

Appreciation is expressed to the local press for the helpful and sympathetic presentation of school health topics.

To the Organiser and Inspectors of the National Society for the Prevention of Cruelty to Children a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

It is a pleasure to acknowledge the ready help of the Central Office of Information both in providing and projecting films for various health education activities.

## HANDICAPPED PUPILS

The early ascertainment of handicapped children continues very satisfactorily. General practitioners increasingly refer children under their care for examination, and it would seem that the extension of medical services under the National Health Service Act has helped materially in this direction.

An indication of the wider interest in the welfare of this group of children was shown in the session given to a discussion on "The General Care of the Physically Handicapped Child" in the Section of Child Health at last year's Annual Meeting of the British Medical Association.

Important information is also obtained from the records of the Maternity and Child Welfare Department which are transmitted as soon as the children become the responsibility of the Education Authority under the terms of the Education Act, 1944.

The Education Welfare Officers are also fully aware of the special educational facilities available for handicapped children and send valuable reports as a result of their district visits.

The tables below show the provision made at the end of the year for the handicapped children both in the Authority's schools and in the schools within and outside the City which are not maintained by the Authority.

### SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY

#### Educationally Sub-normal Children

<i>Residential :</i>					No. on Register
Monyhull	...	Boys and Girls	.....	.....	147
Springfield House	...	Girls	.....	.....	57
<i>Day :</i>					
Bristol Street	...	Senior Girls	.....	.....	117
		Junior Mixed	..	..	
Burlington Street	...	Senior Girls	.....	.....	147
		Junior Mixed	.....	.....	
Gem Street	...	Senior Boys	.....	.....	155
		Junior Mixed	.....	.....	
Hamilton Road	...	Senior Boys	.....	.....	130
		Junior Mixed	.....	.....	
Highfield Road	..	Senior Girls	.....	.....	138
		Junior Mixed	.....	.....	
Little Green Lane	...	Senior Boys	.....	.....	123
		Junior Mixed	.....	.....	
Sherbourne Road	...	Senior Boys	.....	.....	165
		Junior Mixed	.....	.....	

#### Deaf and Partially Deaf Children

Gem Street Day School	Mixed	.....	.....	97
Moseley Road Day School	Mixed	.....	.....	132

#### Partially-Sighted Children

Moseley Road Day School	Mixed	.....	54
Whitehead Road Day School	Mixed	.....	63



**Delicate Children***Residential Open-Air Schools :*

Cropwood, Blackwell	.....	Girls	.....	80
Hunter's Hill, Blackwell	.....	Boys	.....	130
Haseley Hall, nr. Warwick	.....	Junior Boys	.....	40

*Day Open-Air Schools :*

Marsh Hill	.....	Mixed	.....	185
Uffculme	.....	Mixed	.....	130

**Physically Handicapped Children***Residential :*

Baskerville School	.....	Mixed	.....	64
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*Day :*

George Street West	.....	Mixed	.....	201
Little Green Lane	.....	Mixed	.....	138

**Hospital Special Schools***Orthopaedic :*

Forelands, Bromsgrove	.....	Mixed	.....	44
Woodlands, Northfield	.....	Mixed	.....	39

*Sanatorium :*

Yardley Green, Little Bromwich	Mixed	.....	57
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**RESULTS OF SPECIAL EXAMINATIONS — 1950**

Results of examinations of children referred during the year as being possibly in need of special educational treatment :

Number of children seen	.....	1,597
Recommended for Day (E.S.N.) School	.....	195
Recommended for Residential (E.S.N.) School	.....	82
Recommended for Open-Air School	.....	440
Recommended for P.H. School	.....	155
Recommended for School for Epileptics	.....	14
No action	.....	48
To stay in special school	.....	60
For trial in ordinary school	.....	40
To stay in ordinary school	.....	137
To leave special school	.....	112
To be seen again	.....	84
Decision referred	.....	136
To be excluded from school temporarily	.....	11
Recommended for exclusion under Section 57 (3) of the Education Act, 1944	.....	78
Recommended for Deaf School, subject to concurrence of Aural Surgeon	.....	1
Recommended for Home Teaching	.....	4

Number of children reported to the Local Health Authority in 1950 :

Under Section 57 (3) of the Education Act, 1944	86
Under Section 57 (3) relying on Section 57 (4), (inexpedient)	3
Under Section 57 (5)	155

The following return made to the Ministry of Education relating to handicapped pupils in the calendar year ended 31st December, also gives valuable information.

	<i>Blind</i>	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Partially Deaf</i>	<i>Delicate</i>	<i>Physically Handicapped</i>	<i>Educationally Sub-Normal</i>	<i>Maladjusted</i>	<i>Epileptic</i>	<i>Total</i>
	1	2	3	4	5	6	7	8	9	10
A. Handicapped Pupils <b>newly placed</b> in Special Schools or Homes	6	20	26	9	234	143	237	20	5	700
B. Handicapped Pupils <b>newly ascertained</b> as requiring education at Special Schools or boarding-in Homes	4	13	24	5	428	129	224	14	11	852

### LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE

#### Blind and Partially-Sighted Pupils

##### Birmingham Royal Institution for the Blind

Residential .....	20
Day .....	14
Worcester College for the Blind .....	1
Royal Normal College .....	2
Chorley Wood College .....	1
Liverpool R.C. School for the Blind .....	3

#### Educationally Sub-Normal Blind Pupils

Overley Hall ..	1
Condovery Hall ..	1

#### Deaf and Partially Deaf Pupils

Birmingham Royal School for the Deaf .....	2
Mary Hare Grammar School ..	5
Derby Royal School for the Deaf ..	2
St. John's Institution for the Deaf, Boston Spa ..	4
Donnington Lodge, Berks. ..	1

#### Educationally Sub-Normal Deaf Pupils

Bridge House, Harewood .....	2
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**Epileptic Pupils**

Lingfield School	21
Chalfont St. Peter Colony School	1
St. Elizabeth's School	2

**Physically Handicapped Pupils**

Tudor Grange	1
Hurst Lea Home	1
Hinwick Hall	2
Pawling Home Hospital	1
Hesley Hall	1
Derwen Cripples' Training College	3

**Spastic Pupils**

Carlson House School	24
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**Diabetic Pupils**

St. George's Hostel, Kersal	2
St. Monica's Hostel	1

**Pupils Suffering from Speech Defects**

Moor House School	1
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**Delicate Pupils**

St. Dominic's Open Air School	1
St. John's Open Air School	1

**Maladjusted Pupils**

Ledston Hall School	3
Trench Hall School	1
Hill Orchard Hostel	2
Bodenham Manor	17
St. Peter's, Horbury	1

**Educationally Sub-normal Pupils**

St. Joseph's R.C. Dunmow	9
Besford Court	30
Allerton Priory	1
Russell Town, Bristol	1
Pontville R.C.	2
Field Heath (All Souls')	2

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\*191

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\* Includes 10 young people over 16 undergoing further training.

Handicapped pupils attending independent schools assisted by the Education Committee under Section 9 (1) of the Education Act, 1944 :

Westhope Manor School	2 pupils (maladjusted)
The Vineyard School	1 pupil (E.S.N.)

## MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant School Medical Officer for Special Schools, reports:—

**“Residential and Day Open-Air Schools**

The medical work in the schools has proceeded on similar lines to those reported last year. Every child is seen by the doctor not less than once a term, and more frequent examinations are arranged where necessary.

On account of long waiting lists it is only possible to admit the more serious types of disability to Open Air Schools, e.g., bronchiectasis and asthma in particular, and as a result of the severity of the disabilities the average length of stay is long. Hence the waiting lists tend to grow.

Recommendations come from many different sources and the number of recommendations give testimony to the increasing appreciation of the great work that is done in these schools. Our work is made more difficult by the fact that many families still have to live in overcrowded and unhygienic houses, so that in not a few cases children relapse during the holidays or after discharge from Open Air Schools. If every family could be provided with a decent home to live in, the pressure on Open Air Schools would be relieved greatly.

Asthma continues to be one of the most common disabilities among these children. It is treated on general lines in an atmosphere free from anxiety and strain, and very rarely has any use to be made of inhalers, tablets or potions, many of which are to be found in the baggage of newcomers, and which are soon forgotten.

The closest co-operation is maintained with the hospitals of the City and our thanks are due to the consultants and others who are always ready to help in special cases.

The more obstinate cases of asthma are sent, when possible, to the Alpine School at Davos-Dorf and, at an altitude of more than 8,000 feet, we find that the condition clears, at least for the period of stay in the Swiss mountains. Once the habit of attacks of bronchial spasms has been broken there is considerable hope of complete recovery.

All children who are discharged from Open Air Schools are followed up carefully and are seen by the doctor every six months so that any possible deterioration can be noted and dealt with. In some instances children have to be re-admitted to Open Air Schools for a time.

However, in the great majority of cases a period of not less than twelve months in an Open Air School leads to permanent improvement in general health, enabling the child to return successfully to an ordinary school without relapse.



## **Schools for the Educationally Sub-normal**

It is a pleasure to be able to report that the parents of today show a much greater appreciation of the benefits to be obtained by the attendance of educationally sub-normal children at these schools than did their predecessors of only a few years ago. The majority of leavers from such schools find good jobs and become useful and stable citizens, while there is no doubt that if they had been left to languish in the big classes of ordinary schools many of them would have become unhappy and resentful misfits.

Before submitting a child to an Educationally Sub-Normal School it is, of course, important to eliminate any possibility that the mental retardation which has been noted is due to physical causes, for example, defective eyesight, deafness or organic illness. It is very helpful when Head Teachers, before reporting a child as "Educationally Sub-Normal" first consult their school doctor so that a preliminary physical examination can be carried out.

Some interesting work has been carried out in the United States of America which suggests that it may be possible in certain cases to raise intelligence quotients by administering Glutamic Acid over a period of about six months. Although this investigation is still in an experimental stage there seems sufficient evidence to justify its use and it is hoped to explore the possibilities of this treatment in Birmingham.

## **Schools for the Physically Handicapped**

A great variety of physical handicaps is to be found in the two schools maintained by the Education Committee. All children who attend them are unable to profit from education in ordinary school temporarily or permanently as a result of physical disability. Nearly all of them are under treatment prescribed by consulting surgeons and physicians on the staffs of the various City hospitals. The school physiotherapists are treating an average of sixty patients per week in each school under medical supervision. The physiotherapists keep the children's splintage under constant review and advise the parents about any repairs necessary: a careful check is made of the regularity of hospital visits. The trained nurse in each of the schools keeps in close touch with the parents both at school and by periodic visits to the children's homes, and is thus able to advise them about the care of their children.

The possibility of the return of a physically handicapped child to an ordinary school is always kept in mind and those who show improvement are reviewed each term with such a procedure in view. From one school alone fourteen children were returned to ordinary schools during the year.

### **Day Schools for the Deaf**

Research into the causation of congenital deafness has continued in the schools; the influence of rubella occurring in the early months of pregnancy and in other cases rhesus incompatibility is of particular interest.

### **Day Schools for the Partially Sighted**

The usual routine inspections have been carried out. During the year particular attention has been paid to the correction of those postural defects which are so common among the children with a severe degree of defective sight.

### **Occupation Centres**

Medical inspections have been carried out in all five Occupation Centres and the facilities of the School Clinics have been available for pupils requiring them.

### **Baskerville**

Baskerville is now reserved almost entirely for cases of rheumatism with heart involvement. An admission examination is held every fortnight. An interesting feature during the year has been that the usual predominance of girls suffering from rheumatism has disappeared, while the number of boys affected has reversed accordingly.

Dr. W. Carey Smallwood, Consulting Physician, visits the school every week; the Assistant School Medical Officer for Special Schools pays a fortnightly visit and also some emergency visits.

### **Visits of Medical Students**

The special schools have been visited by groups of senior medical students of the University of Birmingham throughout the year. During the visits demonstrations of cases have been arranged and stimulating discussions and questions have resulted."

## **DAVOS ALPINE SCHOOL**

Two further groups, each consisting of 32 boys suffering from chest complaints were sent to Davos during the year.

Mr. Kunzle generously continues to provide the chateau and domestic staff.

A full description of the life at the school in the Swiss Alps was given by Mr. Chedgy, the teacher in charge, in last year's report.

Dr. Kemp has also described the physical improvement in the various patients

## HOME AND HOSPITAL TUITION

The Committee have continued to provide home tuition for severely handicapped children under Section 56 of the Education Act, 1944. Eleven children have been helped in this way.

In addition one peripatetic teacher visits the children at the Dudley Road Hospital, the Birmingham Skin Hospital and the Birmingham Accident Hospital.

## MARTINEAU HOUSE, TOWYN

The aims and purpose of this sea-side school for handicapped children have been given fully in previous reports.

Full use was made of the accommodation and facilities during the year when it was possible to send 17 parties of 24 children from the various special schools for 14 days.

The head teachers and their staffs join with the Resident Teacher and the Matron in giving the children a memorable visit. It is gratifying to note the educational and physical improvement in these children.

Thanks are due to the local visiting medical officer who has shown in many ways a marked interest in these children.

It is hoped to make a start with structural alterations shortly.

## CEREBRAL PALSY

The interest stimulated by the formation of the British Council for the Welfare of Spastics in the children suffering from this type of physical handicap continues with gratifying results. There is a number of these children at the Committee's schools for the physically handicapped and a large proportion of the children at the Carlson House School for Spastics are maintained by the Local Education Authority.

The experience gained at the latter school through the special research activities sponsored by the Institutes of Child Health and Education is also helpful for the care of the children in the other schools. Transfers between the various schools take place as indicated. The linkage is further maintained by the regular visits of an assistant school medical officer who acts as medical officer to Carlson House. Furthermore the Chief Dental Officer inspects the children's teeth whilst a school nurse also visits the school regularly.

## AFTER-CARE OF EDUCATIONALLY SUB-NORMAL PUPILS

The Special Services After-Care Sub-Committee has this year completed fifty years of work with special schools' leavers. Since the Mental Deficiency Act, 1913, the Committee has undertaken part of this supervisory work on behalf of the Mental Health Committee, the duty of



exercising statutory supervision having been imposed on the Local Authority for the first time by the 1913 Act. Since that year a grant has been received from the Health Committee for the proportion of cases referred for statutory supervision. Those boys and girls whom it is not felt necessary to refer for such supervision to the Mental Health Service upon leaving school, are placed under voluntary supervision. All are visited regularly by the Special Schools' After-Care Visitors.

During 1950, 103 boys and 67 girls were referred for statutory supervision, and 46 boys and 42 girls were referred for voluntary supervision, making a total of 258 new cases. Of the 149 boys, 132 were employed as follows :

General factory labouring	27
Errand and van boys	18
Packing and assembly	16
Woodwork	13
Boot repairing	11
Building	10
Odd jobs	8
Machine work	8
Painting and decorating	6
Electrical trade	4
Plumbing	2
Farming and horticulture	2
Hotel work	2
Miscellaneous	5
	<hr/>
	132
	<hr/>

The remaining 17 were not employed, but fall into these categories :

Admitted to M.D. Institutions	7
Attending Industrial Centre	1
Unemployed or unsettled and with no fixed occupation	5
Left district	1
Referred by Hospital Almoners, Health Visitors, etc., before the age for exclusion from school under the Education Act (2 years)	3
	<hr/>
	17
	<hr/>

These figures show an increase over last year in the number of lads unemployed or unsettled. In the corresponding period last year none was known to be unemployed for any appreciable length of time.

The number admitted to Institutions for mental defectives (seven) has also increased. The majority were transferred from Monyhull Educationally Sub-Normal School to the Colony at the age of 16 years, largely because it was felt that they were not sufficiently stabilised to return to adverse home conditions.



One of the two boys engaged in farming is at present taking the Y.M.C.A's. training course—"British Boys for British Farms." Not many youths from special schools are accepted, and although this lad has proved slower to learn than most of the trainees, he is said to be steady and dependable, and it is believed he will make a success of it.

Of the 109 girls, 99 were occupied as follows :—

Packing and assembly	47
Machine work	14
Sewing and dressmaking	9
Canteen and cafe work	7
Domestic work	6
Brushmaking	3
Laundry	3
Helping at home	3
Secretarial	2
Usherettes	2
Miscellaneous	3
	<hr/>
	99
	<hr/>

The remaining 10 were placed as follows :—

Admitted to M.D. Institutions	2
Unemployed	6
Attending Occupation Centre	1
Left District	1
	<hr/>
	10
	<hr/>

The three helping at home, are not unemployable, but are needed in the home because of illness or for other reasons. Included among the unemployed are four older women referred by the Mental Health Services as in need of supervision; one is a diabetic, another has recently had an illegitimate child, and a third is waiting to be admitted to an institution for mental defectives. One of the unemployed school leavers cannot associate with others and is in need of psychiatric treatment; she is skilled with her hands and receives a weekly needlework lesson from the home teacher.

Of the two girls engaged in secretarial work, one is employed by her father; the other is a trainee stenographer; she is continuing her training against the advice of both the Youth Employment and After-Care Officers, and it is still hoped that she will be persuaded to adopt another career.

The one girl attending an Occupation Centre is classed as under voluntary supervision, after having been discharged from licence under the Mental Deficiency Acts, there being no provision in the Acts for supervision after discharge.

### **Military Service**

Those boys who are under statutory supervision are not eligible for military service, and the names of those who will attain eighteen years of age during each year are referred each January to the Ministry of Labour and National Service. The parents are instructed at the same time not to allow the boys to register.

There are also those who are not under statutory supervision, but are nevertheless unsuitable for service owing to backwardness, lack of self-confidence or instability under unfamiliar conditions. These lads are required to register and present themselves for medical examination for the Forces; but when a lad is known to be anxious about joining up, and it is felt he would not be a suitable candidate, a letter is sent to the Ministry of Labour and National Service giving a brief outline of his history. It is satisfactory to note that these boys are practically always placed in Grade IV, and are therefore exempt from National Service.

### **EMPLOYMENT AND AFTER-CARE OF HANDICAPPED YOUNG PEOPLE**

Vocational guidance is very necessary and most helpful to leavers from special schools, as the majority of them would experience great difficulty in finding suitable employment by themselves.

Choice of Employment Conferences were conducted at all special schools during the year. Many leavers were advised to register under the Disabled Persons (Employment) Act, 1944, whenever it was thought that this would be beneficial. Placing such leavers in employment must be treated with especial care, although very little difficulty is normally experienced in finding suitable employment for them. In general, handicapped boys and girls prove to be excellent employees, with the exception of those who, in addition, suffer from serious temperamental difficulties which render them virtually unemployable. The determination which many of these leavers show to be independent and earn their own living reflects great credit, not only on their parents, but also on the staff of the special schools who train adolescents eager, despite their handicaps, to play their part in the life of the community.

Officers of the Youth Employment Department or Voluntary Helpers on local Youth Advisory Committees make every endeavour to pay a visit to the home of each child from the physically handicapped, open-air, partially sighted and deaf schools, during the first three months at work to ascertain that their work is satisfactory and that they are otherwise happily launched. Whenever possible, and always when necessary, visits are continued until the young person is 18. There is a special after-care staff who visit the educationally sub-normal at regular intervals.

The number of boys and girls registered as disabled persons during the period 1st January to 1st December, 1950 was : 46 boys ; 30 girls.

# Medical Inspection and Treatment Returns

Year ended 31st December, 1950.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS  
(INCLUDING SPECIAL SCHOOLS).

## A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :

Entrants	.....	.....	.....	.....	.....	.....	.....	19,188
Second Age Group	.....	.....	.....	.....	.....	.....	.....	10,419
Third Age Group	.....	.....	.....	.....	.....	.....	.....	12,009
TOTAL								<u>41,616</u>

Number of other Periodic Inspections	.....	.....	.....	.....	.....	.....	.....	<u>—</u>
GRAND TOTAL								<u>41,616</u>

## B. OTHER INSPECTIONS

Number of Special Inspections	.....	.....	.....	.....	.....	.....	.....	28,778
Number of Re-Inspections	.....	.....	.....	.....	.....	.....	.....	41,516
TOTAL								<u>70,294</u>

## C. PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO  
REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH  
VERMIN)

GROUP (1)	For Defective Vision (Excluding Squint) (2)	For any of the other Conditions Recorded in Table IIA (3)	Total Individual Pupils (4)
Entrants	290	5,786	5,971
Second Age Group	950	2,501	3,295
Third Age Group	1,553	2,393	3,599
Total (prescribed groups)	2,793	10,680	12,865
Other Periodic Inspections	—	—	—
GRAND TOTAL	2,793	10,680	12,865

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1950

Defect Code Number	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number of Defects	
		Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .....	1,276	341	4,266	14
5	Eyes—				
	(a) Vision .....	2,793	987	2,742	50
	(b) Squint .....	830	353	386	15
	(c) Other .....	304	79	1,599	4
6	Ears—				
	(a) Hearing .....	124	156	157	17
	(b) Otitis Media .....	262	119	385	4
	(c) Other .....	95	41	1,124	29
7	Nose or throat .....	3,259	2,333	3,904	208
8	Speech .....	113	183	82	12
9	Cervical Glands .....	334	581	281	27
10	Heart and Circula- tion .....	224	554	301	37
11	Lungs .....	1,554	801	916	39
12	Developmental—				
	(a) Hernia .....	135	99	6	2
	(b) Other .....	70	101	20	5
13	Orthopaedic—				
	(a) Posture .....	725	568	79	12
	(b) Flat foot .....	1,430	703	237	6
	(c) Other .....	1,193	570	718	24
14	Nervous System				
	(a) Epilepsy .....	34	39	14	17
	(b) Other .....	139	49	207	7
15	Psychological—				
	(a) Development .....	47	137	26	10
	(b) Stability .....	217	266	25	10
16	Other .....	1,324	275	8,274	92

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING  
THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Insp't'd	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	19,188	5,823	30.35	12,147	63.30	1,218	6.35
Second Age Group .....	10,419	2,890	27.74	6,861	65.85	668	6.41
Third Age Group .....	12,009	3,894	32.42	7,533	62.73	582	4.85
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	41,616	12,607	30.29	26,541	63.78	2,468	5.93



TABLE III

## INFESTATION WITH VERMIN

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons .....	374,885
(ii)	Total number of individual pupils found to be infested .....	12,957
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	3,867
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	2,751

TABLE IV

## TREATMENT TABLES

GROUP 1. DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III)

					<i>No. of cases treated or under treatment during the year</i>	
					<i>by the Authority</i>	<i>otherwise</i>
Ringworm—Scalp—	..	.....	.....	.....	9	66
Ringworm—Body	.....	.....	.....	.....	107	25
Scabies	.....	.....	.....	.....	195	12
Impetigo	.....	.....	.....	.....	961	86
Other skin diseases	.....	.....	.....	.....	5,372	1,369
TOTAL					6,644	1,558

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT

					<i>No. of cases dealt with</i>	
					<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint	.....	.....	.....	.....	2,551	210
Errors of refraction (including squint)	.....	.....	.....	.....	5,842	763
TOTAL					8,393	973
No. of pupils for whom spectacles were :						
(a) Prescribed	.....	.....	.....	.....	4,858	525
(b) Obtained	.....	.....	.....	.....	2,892	578

## GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>No. of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment :		
(a) for diseases of the ear	—	148
(b) for adenoids and chronic tonsillitis	1,740	882
(c) for other nose and throat conditions	3	126
Received other forms of treatment .....	3,531	1,262
<b>TOTAL</b>	<b>5,274</b>	<b>2,418</b>
<b>GROUP 4. ORTHOPÆDIC AND POSTURAL DEFECTS</b>		
(a) Number treated as in-patients in hospitals	—	425
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments .....	2,668	2,015
<b>GROUP 5. CHILD GUIDANCE TREATMENT</b>		
No. of pupils treated at Child Guidance Clinics	505	58
<b>GROUP 6. SPEECH THERAPY</b>		
No. of pupils treated by Speech Therapists	134	8
<b>GROUP 7. OTHER TREATMENT GIVEN</b>		
(a) Miscellaneous minor ailments .....	13,129	8,119
(b) Operations for squint .....	—	449

TABLE V. DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :		
(a) Periodic Age Groups ..		41,671
(b) Specials .....		7,573
(c) Total (periodic and specials) .....		49,244
(2) Number found to require treatment .....		29,753
(3) Number referred for treatment .....		29,753
(4) Number actually treated .....		29,641
(5) Attendances made by pupils for treatment .....		43,945
(6) Half-days devoted to (a) Inspection .....		190
(b) Treatment .....		4,069
Total (6) .....		4,259
(7) Fillings :		
Permanent Teeth .....		11,164
Temporary Teeth .....		241
Total (7) .....		11,405
(8) No. of teeth filled :		
Permanent teeth .....		10,093
Temporary teeth .....		221
Total (8) .....		10,314
(9) Extractions :		
Permanent Teeth .....		10,861
Temporary Teeth .....		58,911
Total (9) .....		69,772
(10) Administration of general anaesthetics for Extraction .....		22,576
(11) Other operations :		
(a) Permanent Teeth .....		3,821
(b) Temporary Teeth .....		833
Total (11) .....		4,654









